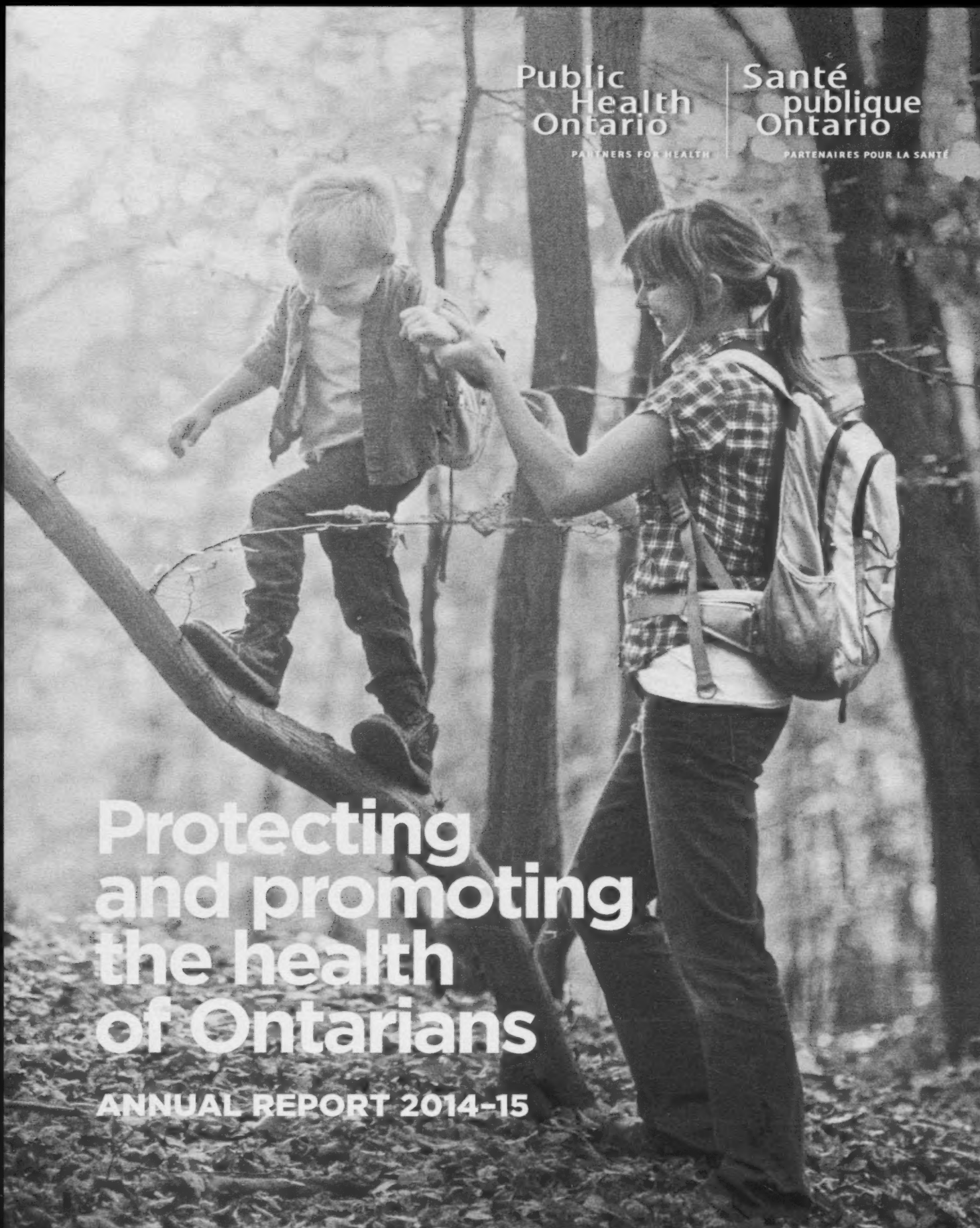
Public Health Ontario
PARTNERS FOR HEALTH
Santé publique Ontario
PARTENAIRES POUR LA SANTÉ
Protecting and promoting the health of Ontarians
ANNUAL REPORT 2014–15

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Message from the Board of Directors

Public Health Ontario (PHO) is pleased to present our 2014–15 Annual Report. It reflects core activities delivered and progress on key commitments in our 2014–17 Annual Business Plan, covering the first-year implementation of our 2014–19 Strategic Plan, our performance scorecard, laboratory performance standards, and financial performance.

It takes many partners, working together, to help Ontarians live healthier lives. Since we began operations in 2008, PHO has played an integral role in Ontario's public health and health care systems.

In all that we do, we are guided by our legislated mandate to protect and promote the health of Ontarians and to contribute to efforts to reduce health inequities. We provide evidence to enable informed decisions and actions, whether by a clinician working with a patient, or a medical officer of health seeking to improve the health of the local population. We work across boundaries and with partners to monitor, detect, and manage international outbreaks and consider their impacts to Ontario at provincial and local levels.

We provide expert scientific and technical advice and assistance that helps our partners and clients—government, public health practitioners, hospitals and other health care facilities, community laboratories, front-line health workers and researchers—play their own part in safeguarding the health of Ontarians.

With a presence throughout the province, PHO works to prevent illness and promote health, and supports both prevention and responsive quality care in all settings. Our work spans infection prevention and control, communicable disease control, immunization, environmental and occupational health, emergency preparedness, health promotion, and chronic disease and injury prevention.

PHO is committed to good governance, strong accountability, transparency, fiscal prudence and operational excellence—all made possible by our great people. We continue to make significant progress in delivering on our mandate, and in 2014–15 successfully met all commitments on priority initiatives.

On behalf of the board, we thank our leadership team and our staff for their tireless work, and we thank our partners at the Government of Ontario for their vision and support.

Significant achievements in 2014–15

1. Toronto laboratory relocation

PHO's laboratory services are a vital part of Ontario's public health and health care systems. Our 11 fully accredited laboratory testing sites across the province support local as well as provincial needs, processing over five million specimens a year and conducting over 400 different diagnostic, confirmatory and reference tests. Our services include clinical and environmental laboratory testing and related expert advice and research in support of the prevention and control of infectious diseases.

With linkages to the public health sector and the broader health care system, PHO's laboratory is crucial to achieving our vision and fulfilling our mission. Consistent with the mandate of public health laboratories established by the Canadian and American Public Health Laboratory Networks, our laboratory services go beyond the clinical testing role of traditional facilities and address the broader challenge of infectious disease prevention and control.

PHO's new Toronto laboratory replaces an old facility with a purpose-built, highly specialized and flexible space. With its design and location, the laboratory will meet current and future clinical and public health needs, support a more integrated approach to diagnostic, outbreak and incident management, and enable faster turnaround times for test results. It will strengthen PHO's links to academic, health care and private sector partners, while fostering more collaborative research, practice and knowledge exchange with downtown Toronto's world-class health research community.

The large, complex move was executed successfully over a period of months, ensuring a smooth transition and seamless business continuity while delivering essential services to the Ontario health care system.

We appreciate the support of Infrastructure Ontario and the Ministry of Health and Long-Term Care (MOHLTC) in this historic endeavour.

2. Monitoring and preparing response to infectious disease threats

Through daily local and global monitoring and tracking, PHO detects current and potential infectious disease outbreaks and environmental incidents—and then supports an effective response. PHO played a key role in responding to existing and emerging infectious disease threats in 2014–15, including Ebola virus disease, measles, Enterovirus D68, foodborne outbreaks of *Salmonella* and *Escherichia coli (E. coli)*, influenza, hospital-acquired infections, and institutional outbreaks of diseases.

The West Africa Ebola virus disease outbreak captured the world's attention and focused governments and health systems on preparedness. As this severe and often fatal disease spread, claiming over 10,000 lives, PHO worked closely with MOHLTC, the Public Health Agency of Canada (PHAC), and other partners on clinical and public health preparedness for potential importations of Ebola into Ontario.

PHO supported provincial and federal Ebola efforts with extensive review and expert input into government directives, guidelines and resources for infection prevention and control, monitoring, and representation on the Ebola Command Table of the Minister of Health and Long-Term Care. We provided constant surveillance of this public health issue at all levels, and supported follow-up and case management of returning travellers. Our laboratory developed testing guidelines and conducted the Ontario testing for all suspected cases, ensuring a rapid public health response.

Measles is one of the most highly contagious vaccine-preventable diseases in the world. Urgent public health action can help control spread. In early 2015, 18 linked cases of measles were reported in Ontario. PHO's rapid response provided scientific and technical expertise and coordination to support the MOHLTC, public health units and providers. As the outbreak developed,

we delivered epidemiological reports on measles activity in Ontario, guidance on laboratory testing and treatment management for clinicians and advice on case and contact management, and provided a significant increase in laboratory testing. Our education sessions for public health and health care providers and extensive media presence supplied important messaging on prevention and the importance of vaccination.

3. Supporting government initiatives to improve child and youth health

The province's Action Plan for Health Care strives to "make Ontario the healthiest place in North America to grow up and grow old." PHO provides the evidence necessary to plan effective interventions that help achieve just that, and to address some of our greatest public health challenges.

When the Ontario Ministry of Children and Youth Services (MCYS) sought to evaluate the implementation of its enhanced Healthy Babies Healthy Children (HBHC) program, it turned to PHO's expert evaluators. HBHC is designed to help children have a healthy start in life and give them opportunities to reach their potential. PHO developed highly acclaimed reports on 36 public health unit findings, and disseminated these customized results in collaboration with MOHLTC and MCYS. For the first time, each public health unit knows exactly the challenges it faces and how to move forward to help Ontario's families.

PHO is also leading the evaluation of the Healthy Kids Community Challenge, a key part of Ontario's Healthy Kids Strategy promoting healthy behaviours in children and youth up to 18.

These are two of the many ways PHO has developed evidence to support decision-making, evaluated existing programs, and facilitated opportunities for collaboration within the public health sector. Such evidence promotes continuous quality improvement, and informs the process for implementing changes in other public health and community programs.

4. Programs and services that meet clients' needs

To enhance our performance we have to measure it. In spring 2014, we asked clients what they thought of us. The client satisfaction survey found that 89 per cent of respondents felt PHO plays a vital role in public health, and 85 per cent said they are likely to recommend PHO products and services to colleagues or peers.

We also gathered client input for specific areas of our program and service delivery. Our laboratory clients, for example, felt that our impact is strong and direct. They believed that PHO plays a vital role in the provincial public health system (92 per cent), offering credible information and advice (87 per cent) in a way that has a direct impact on the health of Ontarians (86 per cent).

The survey results help guide our actions and ensure that we continuously improve our products, services and processes.

5. Organizational effectiveness

We continue to strengthen our foundation to improve efficiency and effectiveness, service, structures and processes. PHO has a strong commitment to accountability and transparency at the Board level and throughout our organization. This is evident through enhanced compliance reporting and a robust program of annual internal audits.

This year, five of our Regional Infection Control Network (RICN) offices were consolidated into local PHO laboratory sites in Hamilton, Kingston, Orillia, Ottawa and Sault Ste. Marie. The co-locations bring our laboratory and infection prevention and control staffs together, strengthening our ability to meet the needs of clients and stakeholders. This also maximizes use of our existing facilities, streamlining costs for our organization.

To support our people, PHO launched the first phase of an employee recognition program that reinforces our organizational values and creates a healthy, supportive work environment. PHO also adopted a comprehensive leadership competency framework to support current and emerging leaders.

Delivering on our mandate

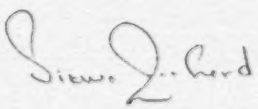
In accordance with our 2014–19 Strategic Plan, PHO continued to focus on user needs and requirements, delivering on our mandate to provide clients, partners and stakeholders with information, knowledge and support including:

- Transforming data into information and knowledge to support evidence-based decision-making. Our Ontario Health Profile (OHP) is a set of interactive narratives on 10 key public health issues that present an overview of the complex factors that influence and shape Ontario's population's health status. Using infographics and interactive web-based reports, the OHP presents data and trends in engaging and informative ways to help public health professionals and practitioners plan, set priorities, develop policies, and make effective decisions.
- Reportable Disease Trends in Ontario, 2012, an epidemiological summary of more than 60 reportable infectious diseases in the last 10 years, with a focus on 2012 data. It includes counts and rates of reportable disease cases, hospitalizations, and deaths. An interactive version, a first for this report, allows users to easily browse and explore various aspects of each disease.
- Comprehensive surveillance reporting and information, with reports on West Nile Virus, vaccine safety and effectiveness, vaccine coverage, and influenza. For instance, each influenza season PHO monitors, tracks and summarizes clinical information in the weekly Ontario Respiratory Virus Bulletin. This publication, used widely by clients and media, provides results of laboratory respiratory virus testing, surveillance, and reports of institutional respiratory infection outbreaks.
- New laboratory platforms, strategies and technologies, such as molecular diagnostics and genomics that allow our laboratory to detect, identify and conduct surveillance of pathogens, resulting in improved diagnoses, research, surveillance and outbreak management. For example, we are using genomics to fingerprint the Ontario measles outbreak, so that we can understand variances in the genetic structure of the virus. We protect Ontarians through earlier detection of emerging infectious diseases, better assessment of the scope and spread of diseases, and more focused and appropriate interventions.
- Resources and programs to build capacity in Ontario's public health workforce, for better health now and in the future. PHO added to our growing list of web-based resources for public health professionals, including courses on the foundations of health promotion, alcohol policy, and the core competencies of infection prevention and control. Through weekly Grand Rounds and other education and professional development, PHO updates public health professionals, health care providers, scientists, researchers, policy-makers and members of the public on the latest research, evidence and information. We're constantly working to reduce the time between the emergence of new knowledge and its implementation in best practices.
- Provision of scientific and technical advice and support to the Chief Medical Officer of Health (CMOH) and MOHLTC Public Health Division, through daily monitoring and briefings, as well as guidance on current and emerging threats and public health issues.

The breadth and scope of our work demonstrates how PHO delivers sound information, data and advice to advance public health in Ontario, at both the provincial and local levels.

PHO's successes are defined not just by what we do, but how we do it. Our Board of Directors and leadership team are committed to operating with comprehensive operational oversight and controls, robust policies and procedures, and regular internal and external evaluation and auditing of business practices—all of which helps us deliver value for money.

We will continue to build on this strong foundation, and align with government priorities, to make a vital contribution to improving the health of Ontarians.



Pierre Richard
Chair, Board of Directors

Dr. Robert Kyle
Vice-Chair, Board of Directors

Board of Directors

Name	Location	First Appointed	Current Term length (years)	Current Term
Gerald Bisson	Ottawa	November 19, 2014	3	November 19, 2014–November 18, 2017
Ken Deane	London	August 29, 2012	3	August 29, 2012–August 28, 2015
John Garcia	Waterloo	October 22, 2014	3	October 22, 2014–October 21, 2017
Janet Hatcher Roberts	Ottawa	May 6, 2009	3	May 6, 2012–May 5, 2015
Robert Kyle (Vice-Chair)	Whitby	September 12, 2012	3	September 12, 2012–September 11, 2015
Sandra Laclé	Sudbury	October 20, 2010	3	October 20, 2013–October 19, 2016
Warren Law	Toronto	May 6, 2009	3	May 6, 2012–May 5, 2015
Pierre Richard (Chair)	Ottawa	May 6, 2009	3	May 6, 2012–May 5, 2015
Linda Rothstein	Toronto	November 19, 2014	3	November 19, 2014–November 18, 2017
Ronald St. John	Ottawa	November 3, 2010	3	November 3, 2013–November 2, 2016
Carole Weir	Kingston	May 6, 2009	3	May 6, 2012–May 5, 2015
Catherine Whiting	North Bay	November 14, 2012	3	November 14, 2013–November 13, 2016

New Board of Directors Chair and Vice-Chair

In 2014, Pierre Richard succeeded Dr. Terrence (Terry) Sullivan as chair of PHO's Board of Directors. He has been a director on PHO's Board for five years and brings extensive experience in governance, and experience in health, post-secondary education and electricity generation and distribution. He is a lawyer and a retired senior partner and counsel with Lang Michener, where his practice focused on business law and regulatory matters.

Dr. Robert Kyle was elected as vice-chair. He has been a director on the Board for two years, and has served as the commissioner and medical officer of health for the Regional Municipality of Durham since 1991.

Organizational Overview

Authority and governance

PHO was created by legislation in 2007 as a Crown operational service agency, as part of the MOHLTC's plan to renew Ontario's public health. MOHLTC's Operation Health Protection committed the ministry to creating a public health agency, and made significant program investments in public health renewal, public health laboratories, infection prevention and control, and public health emergency preparedness. In 2006, the Agency Implementation Task Force set the blue print for our organization in its final report, From Vision to Action. The *Ontario Agency for Health Protection and Promotion Act, 2007* established PHO in June 2007, and the organization began its operations in July 2008. The *Act* defines PHO as:

> "An agency to provide scientific and technical advice and support to those working across sectors to protect and improve the health of Ontarians, and to carry out and support activities such as population health assessment, public health research, surveillance, epidemiology, planning and evaluation."

PHO is governed by a Board of Directors appointed by the Lieutenant Governor in Council. Its legislated objects define its key activities as:

- Scientific and technical advice and support.
- Knowledge, best practices, and research.
- Laboratory services.
- Bridge infection control and occupational health and safety.
- Contribute to policy development.
- Education and professional development.
- Public health research.
- Data development, collection, use, analysis and disclosure.
- Advice and operational support in an emergency or outbreak situation that has health implications.

Based on the *Act*, Board members have been appointed on the basis of the following competencies:

- Skills and expertise in the areas covered by the corporation's objects, or in corporate governance.
- Expertise in public accounting or with related financial experience.
- Demonstrated interest or experience in health issues.

New Board members receive orientation training and all Board members receive governance training to assist them in fulfilling their duties and obligations.

Who we are

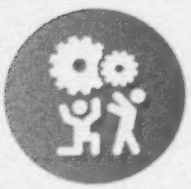
PHO provides expert scientific and technical advice and support to government, local public health units and health care providers. We generate timely, relevant and reliable information, results and guidance, and the tools to use them. In doing so, we help to ensure effective and responsive health services, promote health, and prevent or manage public health events. Our laboratory, clinical, scientific and public health experts deliver services throughout Ontario, working from regional and Toronto-based sites.

Provincial in scope with appropriate links to other local, provincial, national and international organizations, we build partnerships and draw on the best available expertise—from the local to international levels—to ensure that scientific work meets internationally recognized standards. PHO's province-wide network of laboratory sites, RICN offices, and emerging regional services extend its reach to all areas of the province.

Vision, Mission, Mandate

Vision
Internationally recognized evidence, knowledge and action for a healthier Ontario.

Mission
We enable informed decisions and actions that protect and promote health and contribute to reducing health inequities.



Mandate
We provide scientific and technical advice and support to clients working in government, public health, health care, and related sectors.

In meeting our Vision, Mission and Mandate, our primary clients include:

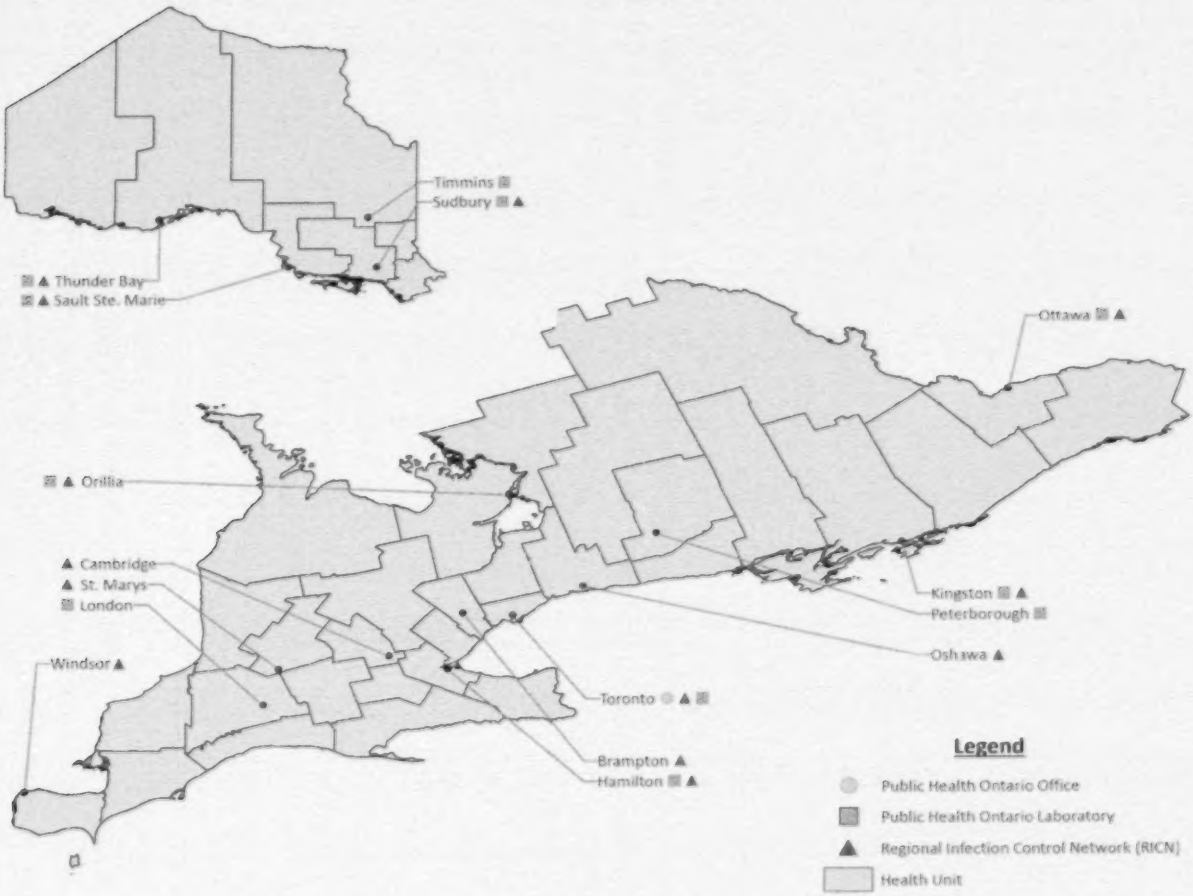
- Ontario's Chief Medical Officer of Health
- Ministry of Health and Long-Term Care and other ministries
- local public health units
- health system providers and organizations across the continuum of care

In addition to these clients, PHO's partners for health can also include academic, research, not-for-profit, community-based and private sector organizations and government agencies—working across sectors—that contribute to Ontarians achieving the best health possible.

Facilities

PHO has approximately 1,000 employees in 20 locations across the province. In order to further strengthen our regional presence, five RICN sites were consolidated into regional laboratory sites in Hamilton, Kingston, Orillia, Ottawa and Sault Ste. Marie. The co-locations bring our laboratory and infection prevention and control staffs together, strengthening our ability to meet the needs of clients and stakeholders. This also maximizes use of our existing facilities, streamlining costs for our organization.

Planning and design are also underway for the new PHO facility in London, Ontario. It will consolidate our London laboratory and the South Western Ontario Infection Control Network currently located in nearby St. Marys. Our objective is to create a modern, flexible, and efficient facility to support our service delivery strategy to southwestern Ontario.



Strategic directions and enablers for success

Our plan for the future will enable PHO to continuously respond to the changing environment, anticipate needs, and remain a leader in promoting optimal health and preventing disease. It defines five key strategic directions:

1. Provide scientific and technical expertise to strengthen Ontario's public health sector and support the achievement of its goals.
2. Accelerate integrated population health monitoring.
3. Enable policy, program and practice action.
4. Advance public health evidence and knowledge.
5. Great people, exceptional teams building a stronger PHO.

As we continue to evolve our organizational culture, implement change and advance toward our goals, we will rely on our people, our infrastructure and the following key enablers to realize this ambitious plan:

- governance, accountability and performance
- change management
- privacy, information management and information technology
- strategic partnerships and alliances
- better integration of regional perspectives and diverse capacity
- organizational capacity, systems and infrastructure investments

New President and CEO: Dr. Peter D. Donnelly

The Board of Directors appointed Dr. Peter D. Donnelly as the new President and Chief Executive Officer effective November 1, 2014, succeeding inaugural president Dr. Vivek Goel. Dr. Donnelly brings leadership in government and public health program development and delivery, as well as a strong research and academic background.

Dr. Donnelly came to PHO from the University of St. Andrews in Scotland, where he established and led public health medicine research and teaching. From 2004 to 2008, he was the Deputy Chief Medical Officer to the Scottish Government.

His experience includes national planning for communicable disease control, and pandemic and emergency preparedness. Dr. Donnelly also played an integral role in a range of public health promotion initiatives, including tobacco control legislation, alcohol policy and sexual health. Previously, as the Director of Public Health in two jurisdictions, he was responsible for the delivery of local public health services and programs.

As an active public health researcher and lecturer, Dr. Donnelly has focused on health systems governance and on violence reduction. Dr. Donnelly is a graduate of Edinburgh Medical School, and also holds masters in both business administration and public health, and a research doctorate.

In his first six months at PHO, Dr. Donnelly visited and met with staff members from many PHO locations and met with stakeholders across the province, actively engaging with clients, partners and staff. He has introduced changes to PHO's organizational structure to better align accountabilities and responsibilities, enable more effective operations, and support further implementation of PHO's strategic directions.

Addressing clients' needs

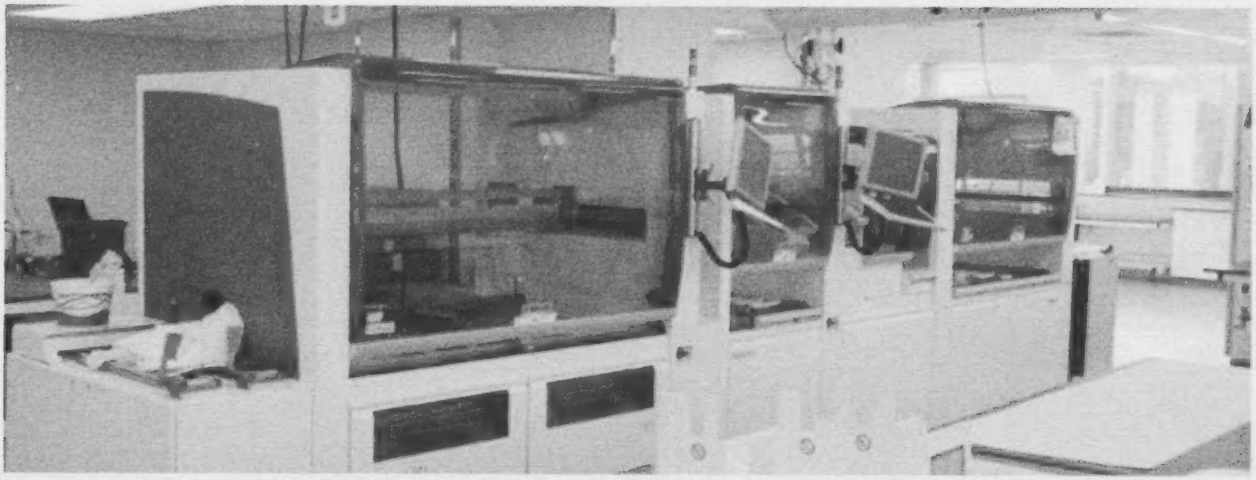
As part of our commitment to measure and enhance our performance, PHO conducted a Client Satisfaction Survey in spring 2014. It generated almost 1,000 responses from users of PHO products and services, key groups and associations related to client groups, and partners.

By understanding what is of value to the people and organizations we serve, PHO can be even more responsive and supportive. The survey gathered client feedback specific to our laboratory services, infection prevention and control services, public health services, and partnerships. It also assessed the level of general client satisfaction and awareness of PHO. Among the key learnings:

- Eighty-nine per cent of respondents say that PHO plays a vital role in public health.
- For a relatively young organization, familiarity with PHO is high and growing. The greater the familiarity, the higher the favourable opinions: 83 per cent of respondents have a high level of favourability and 82 per cent have a high level of satisfaction.
- The rate of interactions is up dramatically from PHO's 2012 satisfaction survey. Nearly 40 per cent used PHO products and services more than 11 times in the past year. There is a strong correlation between levels of engagement (times/year using PHO services) and satisfaction levels.
- Eighty-five per cent of respondents say they are likely to recommend PHO products and services to colleagues or peers.

By administering this major survey every two years, PHO will track our progress in meeting clients' needs. This survey is one of many tools PHO uses to measure our performance, and continuously improve our products, services and processes to improve the health of Ontarians.

Public health laboratory renewal



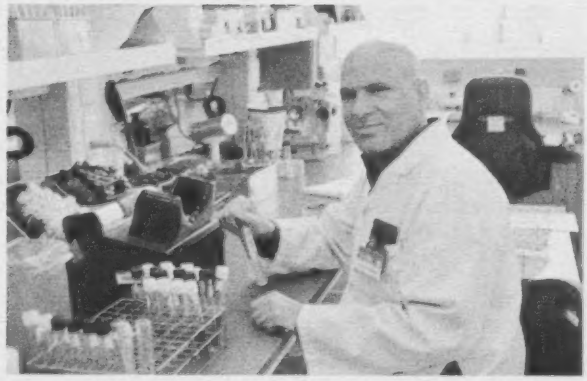
Toronto laboratory relocation

In January 2015, PHO completed the relocation of our Toronto laboratory to downtown Toronto. The transfer of the laboratories from MOHLTC to PHO in December 2008 and the relocation of the laboratory are key aspects of the province's multi-year plan to renew the public health system, in response to the recommendations of several post-SARS inquiries and expert panels.

The new Toronto laboratory replaced an aging facility with a purpose-built, highly specialized and flexible space designed to meet current and future clinical and public health needs, and support a more integrated approach to testing, outbreak detection and management.

The Toronto laboratory remained fully operational during the 12-week move period. Through careful test and business continuity planning and a strong quality management program, all laboratory testing was completed in a timely manner during the transition period.

The move enables PHO to remain at the forefront of infectious disease detection and control, providing essential services to Ontarians and the health care system and



responding to emerging public health issues. The relocation will also strengthen PHO's links to academic, health care and private sector partners, fostering more collaborative research, practice and knowledge exchange with the world-class health research community situated in and around Toronto's downtown.

The design and construction of the laboratory's specialized biorepository and operational support facility in Concord is underway.

Laboratory services

By providing timely results to our partners, PHO's laboratory services support clinical decisions about patient care, and inform improved surveillance of infectious diseases. With laboratory support, public health units, long-term care homes and hospitals can all respond more effectively and rapidly to potential outbreaks.

Our network of 11 laboratory sites supports both provincial and local service needs, conducting over 400 different diagnostic, confirmatory and reference tests, helping individual clinicians make treatment decisions for their patients.

During the 2014–15 fiscal year, PHO laboratory services:

- Performed over five million tests.
- Met significantly higher demand for measles testing during the 2015 measles outbreak—with 7,000 hours dedicated to tests (a 260 per cent increase over the prior year)—and increased interactions with clinicians and public health units.
- Continued to embrace genomic sequencing to understand more about pathogen evolution, traits, and host-pathogen interactions (carrying out more than twice the number of genomic tests compared to five years earlier).
- Responded to over 300 calls per day from health care professionals looking for results, interpretation and advice.
- Provided testing support for potential cases of emerging infectious diseases such as Ebola virus disease, Middle East respiratory syndrome coronavirus (MERS-CoV), and avian flu.
- Participated in Ontario's preparedness planning for infectious disease surveillance and outbreaks during the 2015 Pan Am & Parapan Am Games.

PHO performs almost all the HIV, syphilis and viral load testing in Ontario, has one of the largest tuberculosis laboratories in North America, and houses the largest mycology laboratory in Canada. PHO also performs infectious disease environmental testing, including water testing and food testing. Through a robust clinical research program, PHO's laboratory also investigates topics in microbiology, molecular biology and test method development.

By continuously investigating, developing and implementing newer technologies, the laboratory offers even faster and more accurate processing. Specifically, new genomics technologies and laboratory data informatics allow for quicker detection of infectious disease and understanding of antimicrobial resistance. We are currently using genomic sequencing to "fingerprint" the entire genetic code of samples from the Ontario measles outbreak for research purposes. This will help us understand variances in the genetic structure of the virus, and contribute to our in-house capacity for measles genotyping, surveillance, and future outbreak response.

PHO's laboratory services are a vital part of Ontario's health care system. By investing in cutting-edge laboratory technology, and with a world-class multidisciplinary team, PHO will remain at the forefront of infectious disease testing, monitoring, preparation and response.

Delivering on our mandate

Keeping Ontarians safe

Every day, PHO protects and promotes the health of Ontarians. Our teams work diligently—with each other, our partners and clients—to monitor, analyze, detect and respond to current or potential infectious disease outbreaks, as well as environmental incidents. Highlights and key aspects of our role include:

- Identifying and linking cases through our laboratory testing and development of new procedures and protocols.
- Helping clinicians and health care providers reduce disease transmission, largely within institutions, by following our infection prevention and control guidance, training and resources.
- Supporting communicable disease and outbreak prevention, control and response with PHO public health experts whose advice and evidence inform action.
- Analyzing outbreak and surveillance data to support early detection and evaluation.
- Working with MOHLTC, public health units, the CMOH, and other jurisdictions, PHO plays a lead role in emergency preparedness, ensuring a coordinated response to disease outbreaks.

PHO's efforts this year on a wide range of fronts—including preparing for, monitoring, coordinating, supporting and educating on issues such as Ebola virus disease, measles, Enterovirus D68, foodborne outbreaks of salmonella and *Escherichia coli (E. coli)*, influenza, hospital-acquired infections, and institutional outbreaks of diseases—underscore how we provide critical knowledge and support to help keep Ontarians safe and healthy.

Responding to the threat of Ebola

Ebola virus disease is severe and often fatal. As it spread in West Africa, claiming over 10,000 lives, governments and public health organizations across the world prepared to understand and address the implications of this major public health issue. PHO worked closely with MOHLTC, PHAC, and other partners on clinical and public health preparedness for potential importations of Ebola.

In responding to this threat, PHO:

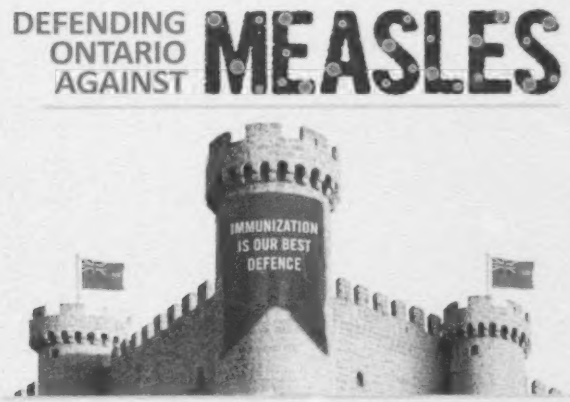
- Provided extensive review and input into government directives.
- Developed laboratory testing guidelines.
- Implemented testing for suspect cases.
- Created guidelines and resources for infection prevention and control, monitoring and surveillance.
- Supported follow-up and case management of returning travellers.
- Provided advice and representation on the Ebola Command Table of the Minister of Health and Long-Term Care.

"I truly believe we have one of the best public health systems in the world. The contributions from the leaders, scientists and practitioners at Public Health Ontario have contributed to this renaissance of public health. Your collaboration with local public health units is invaluable and has moved the public health system into a strong position of readiness. Oxford County is very grateful for your support."

Peter Heywood, Manager, Health Protection, Oxford County Public Health and Emergency Services

Measles outbreak in Ontario

Measles is one of the most highly contagious vaccine-preventable diseases in the world. Canada's last endemic case occurred in 1997. However, as measles continues to circulate elsewhere, importations are expected. PHO provides leadership to support health care partners in limiting the spread.



Excerpted from Ontario Health Profile: Measles

In early 2015, 18 cases of measles were reported in Ontario. This situation was unusual. None of the early cases were linked to each other, travel, or a known exposure to a measles case. Yet laboratory sequencing data suggested that the cases were almost certainly related. To support MOHLTC, public health units and providers, PHO provided several vital services:

- Epidemiological reports on measles activity in Ontario.
- Guidance on laboratory testing and management for clinicians.
- Advice on case and contact management.
- Education sessions for public health and health care providers.
- Laboratory testing.
- Important messaging on prevention and vaccination through extensive media interviews by PHO experts.

A cornerstone in PHO's laboratory renewal initiatives has been the investment in cutting-edge technology to provide faster and more accurate laboratory results. Quick turnaround times are crucial. Public health clients need results to inform local level resource deployment for contact tracing and prophylaxis within hours of notification about a suspected measles case. Meanwhile, health care providers use the tests to inform management decisions. PHO's laboratory saw a very significant increase in the demand for measles testing due to heightened awareness by the public, media, schools and clinicians. PHO's ability to do molecular testing to detect commonalities in the outbreak, as well as general testing for measles, gave clinicians the information they needed to respond in a timely fashion.

"Our response to the recent measles outbreak was greatly strengthened by the supports provided by the Public Health Ontario Laboratory. The expectations of the press and public for accurate and almost immediate answers cannot be underestimated. The PHO lab outbreak coordinator helped us get all of the needed testing in record time, and the use of newer and more sensitive testing methods supported us to take definite actions."

Dr. Valerie Jaeger, Medical Officer of Health, Niagara Region Public Health

A severe influenza season

The 2014–15 influenza season featured high levels of severe influenza activity. Also, evidence showed that that the dominant H3N2 influenza strain did not match the strain in the season's influenza vaccine. Health care providers needed a way to provide rapid diagnosis and treatment, as well as advice and guidance to the public on influenza.

PHO's laboratory testing—including advanced molecular testing—helped to identify what strains of influenza were circulating, commonalities in outbreaks at health care institutions, and the effectiveness of this year's influenza vaccine. This supported rapid clinical diagnosis, treatment, and outbreak management. A media technical briefing co-delivered with interim Chief Medical Officer of Health Dr. David Mowat provided important statistics, evidence and trends related to influenza prevention and control, and guidance on antiviral medication.

Each influenza season, PHO monitors, tracks and summarizes clinical information in the weekly Ontario Respiratory Virus Bulletin. Clients and media alike use the Bulletin widely, for results of laboratory respiratory virus testing, surveillance information, and reports of institutional respiratory infection outbreaks for the week and season.

Making Ontario healthier

The province's Action Plan for Health Care strives to "make Ontario the healthiest place in North America to grow up and grow old." PHO provides the evidence necessary to plan effective interventions that help achieve just that, and address some of our greatest public health challenges.

A prime example is how PHO supports the government mandate to improve child and youth health. On this important issue, PHO has developed evidence to support decision-making, evaluate existing programs, and create opportunities for collaboration within the public health sector. Together, PHO's efforts serve continuous quality improvement, and inform the process for implementing changes in other public health and community programs.

"I just wanted to say thanks for the great presentation. The opportunity to produce and share individual health unit reports is a critical step in continuing to advance the quality of both provincial and local HBHC programs. I greatly appreciate the time that you took to prepare and present such a thorough analysis of Toronto's program. I especially appreciate your efforts to identify and highlight both our strengths and areas in need of attention."

Susan Makin, Director, Healthy Families, Toronto Public Health

"It is wonderful to have PHO take the lead on these kinds of projects to ensure a balanced and objective view. All of the staff here were thrilled with the process and having the opportunity to meaningfully contribute to this work."

Andrea Roberts, Director, Family Health & Health Analytics, Wellington-Dufferin-Guelph Public Health

Healthy Babies Healthy Children

How can children in Ontario get a healthy start in life? That's the goal of Healthy Babies Healthy Children (HBHC), funded by the Ontario Ministry of Children and Youth Services (MCYS).

Ontario's 36 public health units deliver the program, in partnership with hospitals and other community partners. It includes universal screening with targeted assessments and interventions for families and children, from the prenatal period until their transition to school. When MCYS introduced enhancements to strengthen the program, a PHO evaluation helped the public health units to better understand what was working.

PHO's Health Promotion, Chronic Disease and Injury Prevention team was commissioned to evaluate the first six months of implementing the enhanced HBHC program. From September 2014 to February 2015, PHO's HBHC team produced and delivered individual reports for each of the 36. Each report provided a snapshot from the HBHC administrative database, and detailed the reach of that public health units' various HBHC program components.

Working in collaboration with MCYS, PHO enabled the public health units to learn much more about giving Ontario's children opportunities to reach their potential.

Healthy Kids Community Challenge

The Healthy Kids Community Challenge (HKCC) is a key part of Ontario's Healthy Kids Strategy. The focus is on promoting healthy behaviours in children and youth up to 18 years of age, with local program initiatives around key themes like physical activity, healthy eating and adequate sleep.

The success of the program hinges on several partners. MOHLTC has funded 45 communities across Ontario to participate in HKCC. Over the next four years, communities will receive funding, training, guidance and social marketing tools to help promote healthy lifestyle choices for children.

PHO will provide essential support to MOHLTC by evaluating the process and outcomes of the Healthy Kids Community Challenge program, at child, parent, community and provincial levels. Results of this evaluation will help MOHLTC and communities improve the implementation of complex community-based intervention programs designed to address childhood overweight and obesity in Ontario. PHO has also convened and is hosting the Healthy Kids Community Challenge Scientific Reference Committee to provide scientific research, evidence, and advice to the development and implementation of the initiative and its evaluation.

Health equity

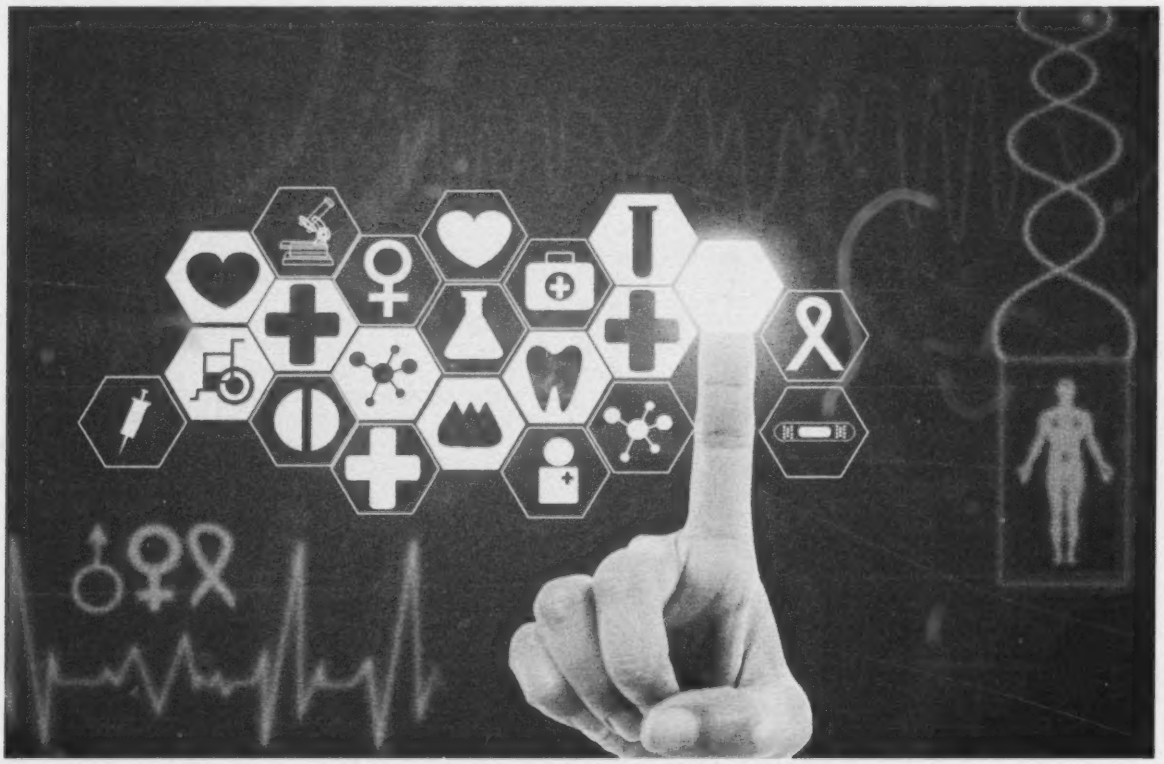
Part of PHO's mission is to contribute to reducing health inequities. The causes of inequities are complex, related to social and environmental determinants, including income, social status, gender, education, and physical environment (including housing).

PHO has a number of initiatives that focus on health equity. For example, PHO delivered a report in October 2014 to help public health practitioners examine issues of equity: Health Equity Assessment: Facilitators and Barriers to Application of Health Equity Tools. Health equity assessment tools (HEATs) provide systematic steps for health policy makers, program planners, and researchers to assess their initiatives—from planning through implementation to review—through the lens of health equity. PHO conducted an analysis to inform the application of HEATs in Canada, specifically the application of the Health Equity Impact Assessment tool in Ontario. By familiarizing public health practitioners with various HEATs and their use in other jurisdictions, public health practitioners can use them effectively in their own program planning and guide local public health practice to reduce social inequities in health.

PHO assisted MOHLTC in developing a health equity impact assessment (HEIA) tool to support improved health equity, including the reduction of avoidable health disparities between population groups. The HEIA tool allows users to identify how a program, policy, or similar initiative will impact population groups in different ways. The end goal is to maximize positive impacts and reduce negative impacts that could potentially widen health disparities between population groups—in short, more equitable delivery of the program, service, policy, or initiative. PHO also offers HEIA training workshops to interested health units at no cost, so that public health program staff members know how to use the tool well.

On an ongoing basis, PHO systematically applies health equity considerations, including the impact on priority populations, geographic disparities, gender, and other determinants of health, to the development of new knowledge products and resources.

Information and innovation



PHO brings together traditional public health and health care data to create a strong base of information, and deepen understanding of health status and what affects health in Ontario.

Public health units use local and provincial-level information to assess and improve population health, as well as support better outbreak detection and management.

One of PHO's key functions is to transform data into information and knowledge to support evidence-based decision-making. To do this, PHO:

- Integrates data from diverse sources and sectors.
- Develops and applies analytic and presentation methodologies that inform population health monitoring.
- Increases the accessibility of data to create novel linkages, at a level relevant to public health needs.

Ontario Health Profile

The Ontario Health Profile (OHP) uses a series of narratives, with easy-to-follow data and visuals, to present an overview of the factors shaping Ontario's population health status. Each story includes three products: an infographic, an interactive web report, and data tables at both the provincial and public health unit level.

The OHP focuses on 10 key public health issues that have an impact on the whole of the population: radon; measles; early childhood, growth, development and school readiness; mental health; extreme weather; foodborne disease outbreaks; obesity; road safety; respiratory viruses; and population health in Ontario.

Since its launch, the PHO website has experienced a high level of activity related to the OHP, indicating a high level of interest by users of PHO products and services. Together, the elements of the OHP paint a vivid and relevant picture of the health of Ontarians to inform better decisions and allow for effective planning, prioritization and policy development.

Tracking reportable disease trends

Reportable Disease Trends in Ontario, 2012, is an epidemiological summary of over 60 infectious diseases. For the first time, PHO presented this data in an interactive online format. Each disease has a unique landing page, with easy-to-navigate profiles. That includes:

- Counts and rates of reportable disease cases, hospitalizations, and deaths.
- Breakdowns by microbiological subgroup, where applicable.
- A summary of methods and data sources, data limitations and other considerations for data interpretation.

For health practitioners and researchers, this innovative resource is highly useful in planning, implementing, and evaluating public health policy and practice in Ontario.

Web-based data and analytics

PHO continues to develop engaging ways to present data, which in turn supports better decision-making for public health professionals.

- Snapshots: This collection of interactive map-based dashboards shows geographic and temporal trends for key public health indicators—by public health unit and for Ontario overall. Snapshots provides dynamically linked tables, graphs, and maps with pre-calculated statistics. It uses core indicators developed by the Association of Public Health Epidemiologists in Ontario.
- Query: Query uses aggregated infectious disease data extracted from the integrated Public Health Information System (iPHIS). Public health professionals are able to perform interactive data exploration and drill-down analysis. By manipulating reportable disease data, using pre-defined reports and variables, users can instantly produce results.
- Lab Data Decision Support Tools: This award-winning series of tools improves clinical and public health decision-making related to chlamydia and gonorrhea, the two most commonly reported sexually transmitted

infections in Canada. Local and provincial anonymized data from our laboratory is updated monthly. Users in clinical and public health practice can manipulate this timely and relevant data to guide key testing decisions. The project team received an award in 2013 for "Outstanding Achievements in Project Delivery" from the Ontario Public Service, in recognition of its innovative work with multiple public sector partners. Work is underway to apply this innovative tool to other diseases such as respiratory viruses.

Providing scientific and technical expertise, guidance and support

How can public health units and health care professionals build essential skills, systems and capacity? PHO boosts their capabilities with a wide range of expertise and resources.

This support takes many forms, like providing the best evidence and case studies around immunization, environmental and occupation health; health promotion; sharing knowledge about infection prevention and control; and preparing for potential health emergencies. This fosters more effective health programs and services throughout Ontario.

Pan Am & Parapan Am Games preparation

When there are mass gatherings, PHO experts play a role to help prepare for, prevent, mitigate and respond to potential health emergencies. Summer 2015 offers a prime example, with the largest multi-sport games ever held in Canada—the Toronto 2015 Pan Am & Parapan Am Games.

The Games will bring an estimated 10,000 athletes, coaches and officials from 41 countries, and draw close to 250,000 tourists. With this influx, PHO will play a key role in monitoring public health activity before, during and after the Games. Our programs and portfolios including laboratory services, surveillance, communicable diseases, emergency preparedness, and infection prevention and control (IPAC) are in place and we have been working closely with other partners on planning and preparation.

Throughout the Games, MOHLTC Emergency Management Branch will coordinate interaction among key stakeholders. That includes PHO, hospitals, 10 public health units, seven Local Health Integration Networks, allied health professionals, local paramedic services, Health Canada and PHAC. PHO, in collaboration with local, provincial, and federal partners, will lead enhanced surveillance and laboratory testing, and give partners expert technical advice in case of outbreaks or other incidents with health impacts.

Immunization

Immunization is one of the most significant public health programs and investments in Ontario. PHO provides scientific and technical support for best practices in immunization by monitoring provincial vaccine coverage and adverse events, ensuring Ontario children are safe. Our experts connect and provide evidence to local and provincial actors so they are aware of new vaccines and vaccine safety. Each year we produce significant reports on vaccines, including the Annual Report on Vaccine Safety in Ontario and the Immunization Coverage Report for School Pupils.

The stature of PHO experts is seen through their involvement in many provincial, national and international bodies: the Provincial Infectious Diseases Advisory Committee on Immunization; the National Advisory Committee on Immunization; the World Health Organization; and the Pan American Health Organization. Through these and other activities, PHO is able to both share and access state-of-the-art evidence, and contribute to action on immunization.

Environmental and Occupational Health

Many emerging and evolving public health issues revolve around issues like indoor air quality, ambient air pollution, water quality, Wi-Fi, wind turbines, chlorine by-products, physical hazards, and more. PHO's Environmental and Occupational Health team helps partners to better understand such concerns.

The team provides scientific and technical advice and support to public health units, other players in the health system, and the Ontario government. For example, PHO experts are often called by health units to provide specific guidance on environmental and occupational health concerns. In turn, the team has taken their findings and produced a series of case studies, designed to more broadly share research and encourage dialogue about these and other critical areas with the Ontario system and others who might be dealing with these issues. For example, in 2014 PHO produced case studies on chromite mining; the health effects of traffic-related air pollution in a small Ontario community, evidence of foodborne outbreaks associated with pizza, and neonicotinoids (a class of highly selective insecticides).

Infection prevention and control (IPAC)

This year, PHO responded to approximately 2,000 inquiries for resources and support on a variety of IPAC issues from across the province. These issues ranged from advice and guidance on prevention, surveillance and management of health care-associated infections to the investigations of outbreaks.

When PHO is called upon to deploy IPAC experts to investigate and manage outbreaks in institutions and clinical settings, the team works to increase knowledge of IPAC issues and helps to assess field requirements for prevention and control measures. In particular this year, the IPAC team worked closely with provincial partners on strategies to address IPAC lapses in community settings, including a risk assessment framework and online tools.

PHO also develops and delivers best practice guidance and related knowledge products, tools and resources. The virtual library of tools and resources on PHO's website are widely recognized and used by health care organizations across the province in other jurisdictions.

IPAC staff also facilitates the adoption of best practices and capacity building at the local level by delivering knowledge and resources through local, field-based facilitation and coaching for acute care and long-term care institutions, clinicians and other health care providers.

Health promotion evidence briefs

Health promotion is the process of implementing a range of social and environmental interventions in settings as diverse as workplaces, schools, clinics, and communities.

Through our Evidence Briefs series, PHO shares the latest information on key public health topics in response to questions from the field. Topical and timely, Evidence Briefs summarize the latest evidence to help organizations on the front lines determine how to keep Ontarians healthy:

- Impacts of and relationship between excessive dietary sodium consumption and childhood obesity.
- Impacts of standard drink labelling.
- Risk factors for large for gestational age infants in Ontario.
- Comparing self/proxy report versus direct measures of height, weight and BMI in 0–18 year olds.
- Predictors and risk factors of texting and driving among youth.
- Communicable disease impacts of sharing electronic cigarettes with drip tips.
- Neighbourhood walkability and physical activity in urban areas.
- Effects of inadequate sleep on the health of 0–19 year olds.

Health promotion capacity building

PHO builds the ability of Ontario's public health system, community health care intermediaries, and partner ministries to effectively promote health. Free PHO services and resources include:

- In-depth consultations to assist in health promotion planning and problem-solving, in support of Ontario's Public Health Standards.
- In-person workshops and presentations focused on increasing skills and knowledge among direct service providers, managers, and team leaders.
- Relevant and timely topic-based webinars, with accompanying slide decks and resources.
- Plans for public health units to identify gaps in staff competencies, assess needs and tailor training.
- Topic- and skills-based print and electronic resources, including informational articles, evidence briefs, workbooks, primers, and research reports.
- An Online Health Program Planner to assist with evidence-informed planning decisions.

Professional development and capacity building

One of PHO's legislated objects is to "provide education and professional development for public health professionals, scientists, researchers, and policymakers across sectors."

Our strategic plan affirms PHO's professional development and continuing education mandate, with a focus on better use of evidence and empowering public health professionals to apply their knowledge with confidence. We aim to:

- Build skills, capacity and competencies in Ontario's health workforce to face tomorrow's public health issues.
- Champion leadership development amongst Ontario's public health workforce.
- Inspire and develop the next generation of professionals.
- Be a leader in professional development and continuing education.
- Collaborate with other organizations on innovative delivery and content.

In 2014–15, PHO continued to actively expand and enrich these efforts through a wide range of offerings and programs.

TOPHC

The annual Ontario Public Health Convention (TOPHC) aims to advance public health in Ontario by increasing knowledge and skills in the workforce. Co-hosted by PHO, the Ontario Public Health Association, and the Association of Local Public Health Agencies, it is the most comprehensive public health professional development event in Ontario.

Each year, TOPHC attracts health promoters, epidemiologists, public health nurses, physicians, public health program managers, policy makers, government stakeholders, and researchers. They participate in an exciting mix of presentations that share new knowledge, and educational workshops that build and refine practical skills.

More than 800 people attended the fifth annual TOPHC, which focused on "Adapting to a Changing World" and addressed three key questions:

- Changing People: How are changes in the population and society affecting public health?
- Changing Environment: What is the impact of the changing environment on public health practice?
- Changing Technology: What are the challenges and opportunities for public health that exist with breakthrough technological advances?

In a time when conventions and conferences are increasingly either discipline-focused (e.g., nursing, medicine, inspection) or subject-focused (e.g., infectious diseases), TOPHC remains a place where public health professionals can meet to discuss and address public health issues and opportunities to improve the health of Ontarians.

Online learning

We offer a wide range of innovative, online education tools, made available to all and at no cost. Our list of web-based resources for public health professionals continues to expand:

- Health Promotion Foundations: This self-directed, interactive online course introduces the field of health promotion in Canada, its history, milestones, theories and strategies.
- Alcohol Policy Audio Presentations: These focus on the role of a comprehensive, policy-led approach to mitigating alcohol-related harms. Topics include: basics of alcohol policy, the burden of alcohol, and how alcohol policies can effect change.
- IPAC Core Competencies Courses: PHO shares the knowledge and skills that all health care workers in Ontario require, regardless of their role.

PHO Rounds

Knowledge exchange and professional development are pivotal to the work of PHO, reflected in a key strategic direction to help build skills, capacity and competencies in Ontario's health workforce, in order to face tomorrow's public health issues.

We provide a wide range of educational sessions for our clients, at no cost and generally available by webinar to ensure access regardless of location. Weekly Grand Rounds, delivered in person and via webinar across the province, give public health units, practitioners, academics and others timely access to public health experts on a range of topics. Grand Rounds are approved for continuing medical education from the Royal College of Physicians and Surgeons. Targeted rounds for microbiologists, epidemiologists and other specialists support collaboration, information sharing and practice development.

Locally Driven Collaborative Projects

PHO's Locally Driven Collaborative Projects (LDCP) program helps public health units work together to conduct applied research and program evaluation on a range of critical public health topics, interventions and programs. LDCP fosters the development of collaborative partnerships and knowledge transfer among health units and between health units and sound, feasible ways for them to address the Ontario Public Health Standards.

Since LDCP began in 2011, the program has supported 17 project teams. In 2014–15, 34 of Ontario's 36 public health units were engaged in setting priorities for new LDCPs, and eight teams conducted projects.

Recent projects include:

- Fall prevention: How can we improve quality of life for older adults and decrease health care costs? Preventing falls can have a huge impact on both. This project showed how public health can play a key role in leading collaboration among service providers, and spurring community-based responses.
- Social determinants of health and reducing health inequities: State of health depends on many issues, from poverty to education. With the range of factors coming into play, not everyone experiences equal opportunities for health. To help boards of health make progress on these complex issues, this project tested a set of evidence-based indicators.
- Obesity and children: Roughly one-third of Canadians aged 5–17 are overweight or obese. The potential impact on long-term population health rivals that of smoking—and to take action, public health units need data. This pilot project aimed to address the data gap in childhood healthy weights surveillance at the local level.
- Mental health and children/youth: When mental health concerns are ignored in the early years, they can interfere with positive development and lead to more serious issues later in life. By exploring best practices, this project helped public health units to identify where to focus mental health promotion for children and youth.
- Program evaluation: Public health units often face challenges in evaluating public health programs, doing so either haphazardly or out of line with public health priorities. A project to measure those capabilities in Ontario's health units will inform strategies for enhancing local program evaluation.

Occupational and environmental health seminar series

Yet another important resource is the Occupational and Environmental Health Seminar Series. PHO co-presents the series with the Dalla Lana School of Public Health at the University of Toronto, the Occupational Cancer Research Centre, and the Centre for Research Expertise in Occupational Disease. The bi-weekly seminars are held September through April at PHO, and participants attend in person or via webinar. It's a way for PHO to highlight relevant topics of importance to occupational and environmental health practitioners and researchers.

Developing the next generation of public health professionals

Students at PHO

To enhance skills and competencies in Ontario's health workforce, and inspire and develop the next generation of professionals, PHO offers a diverse range of student placement opportunities, in collaboration with academic partners. That includes medical resident rotations, masters and doctoral supervision, and practicum placements. Students are closely supervised to meet educational objectives and to ensure meaningful projects and learning experiences that benefit students and PHO.

In 2014–15, 112 students, including 15 medical residents, worked alongside PHO staff.

Through these placements, PHO is building the capacity and knowledge of the next generation of public health professionals. These efforts also help Canadian colleges and universities to provide on-the-job training to complement classroom learning. That creates new opportunities to recruit students into public health, and increase the understanding of the field and impact of public health.

Student Placement, Education and Preceptorship Network

In addition to bringing student placements within PHO, we also support public health units in their efforts to build the skills, capacity and competencies of the next generation of public health professionals. We facilitate the network of health unit student placement coordinators and preceptors who ensure that students have a productive and rewarding experience and are exposed to public health practice at the local level. The Ontario Public Health Organizational Standards (2011) state that student placements play an important role in the recruitment, retention, professional development and leadership development of the public health unit workforce. PHO's facilitation of the Student Placement, Education and Preceptorship (SPEP) Network helps keep the whole public health sector apprised of current education and human relations issues, share resources, and collectively problem-solve on matters of relevance to all.

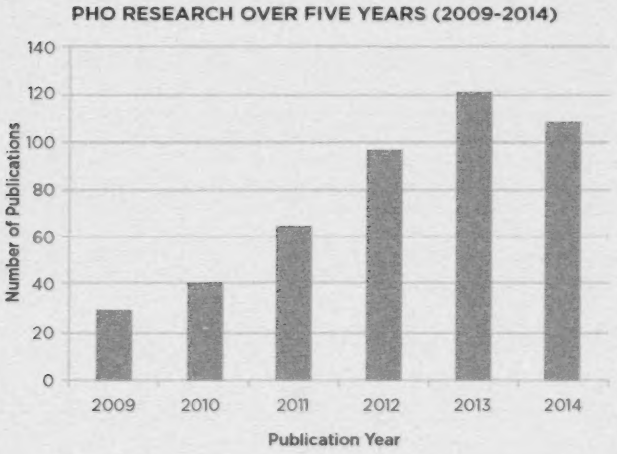
Type of Student	Placements
Professional Master's Programs (e.g., Nursing, Public Health, Health Informatics, Public Policy, Science)	18
Medical Residents (e.g., Public Health and Preventative Medicine Residents, Medical Microbiology Residents)	15
Medical Laboratory Assistant/Technician (e.g., practical learning on clinical procedures, urinalysis, blood, medical microbiology)	53
Other (e.g., undergraduate Laboratory Medicine and Pathobiology students)	26
Total	**112**

Leading public health research

As a member of Ontario's vibrant and growing research community, PHO shares knowledge that has broad impacts on clinical practice, public health programs and health policy. PHO's research activities and outputs have grown substantially, and have both local relevance and international stature. Priorities for PHO research are filling gaps in knowledge where health needs persist; and implementation science, to overcome barriers that prevent existing evidence from being applied.

Publications and research grants

Since our inception, the number of publications and grants achieved by PHO researchers has increased steadily, reflecting our increased research capacity and impact.



462 total publications

34% published in the top 10% most-cited journals worldwide

3,350 citations received by PHO publications

9.2 average number of citations per PHO publication

Source: Scopus Bibliographic Database

PHO was very successful in securing sought-after grants from the Canadian Institute for Health Research: in 2014, PHO's success rate (with principal or co-principal investigators based at PHO) was twice the national average for projects. Also, in 2014, PHO-based investigators were awarded grants worth $1.3-million for multi-year research projects. That amount has increased steadily since 2012, when PHO was first eligible to receive grants.

Research collaborations and reach

Public health research is inherently collaborative, multi-institutional and interdisciplinary. PHO is a key contributor to diverse research networks. In the last five years, PHO staff members have published papers with co-authors from 174 institutions across Ontario, Canada and the world.

Some examples of PHO collaborations:

- Leadership in national immunization research: The Canadian Immunization Research Network (CIRN) is a new national network of vaccine researchers, with significant PHO leadership. CIRN was established in 2014 to investigate vaccine safety, effectiveness and hesitancy. PHO investigators have major leadership roles, and direct a number of multi-provincial studies (vaccine coverage, pertussis vaccine effectiveness, rotavirus vaccine safety and seroepidemiology) that will benefit provincial vaccine programs and national immunization efforts.
- Understanding the links between the environment and health: PHO's Environmental and Occupational Health team is involved in several research projects funded by Health Canada. That includes studies of: temperature-related mortality and morbidity; the link between air pollution and chronic diseases; and whether new immigrants have elevated levels of trace metals. These collaborations demonstrate PHO's technical expertise in environmental health, as it is one of only three expert sites in Canada selected for such studies. One strength is the team's ability to combine up-to-date models of air pollution with population health data available through our collaboration with the Institute for Clinical Evaluative Sciences (ICES).

- PHO and ICES: Expanding health research across Ontario. PHO's partnership with ICES allows Ontario's population data to be the basis of public health research. PHO is the only ICES partner with a public health focus. This "big data" partnership enables a unique range of research, evaluating everything from the population health impact of vaccines, to the economic impacts of various health programs. The partnership has produced new tools to support prevention programs. For example, using ICES data, PHO scientists worked with local public health partners to create the Diabetes Population Risk Tool, which was piloted by Peel Public Health. The scope, depth and volume of PHO-ICES research continues to grow, and delivers research opportunities that inform public health decision-making and programs.

Number of institutions that collaborated with PHO on publications (2009-2014)	
North America:	
Canada	44
United States	41
Worldwide:	
Europe	58
Asia Pacific	15
South America	9
Africa	4
Middle East	3

Source: Scopus Bibliographic Database

Research implications and applications

PHO research has helped to inform public health policy, transform clinical practice, and apply advances in laboratory sciences to improve disease management and outbreak control. PHO findings have helped partners in public health and government to make important progress in a number of ways including:

- Scientific advances applied at public health's front line: Innovations in laboratory sciences mean that PHO's scientists can apply modern genomic methods, including whole genome sequencing, to rapidly detect and precisely characterize new and emerging pathogens. In collaboration with the Thunder Bay District Health Unit, PHO conducted whole-genome sequencing to identify the source of a puzzling outbreak of Group A Streptococcus, which manifested as severe skin disease. When Middlesex-London and Toronto regions experienced an increase in food-related illness in 2014, *Salmonella* Thompson was identified and typed by genomic methods. That aided in detection and control of the outbreak.
- Policy evaluation, regulatory change and nutritional information: In July 2014, Health Canada contacted a PHO-led team studying how young people comprehend and use Nutrition Facts tables on pre-packaged foods. Health Canada wanted to improve the presentation of nutritional information on food labels, and asked for the team's assistance. With colleagues at the University of Waterloo, the team adapted their study. They revealed that standardized serving sizes, simple descriptors and colour-coding aided interpretation of "% Daily Value" information in Nutrition Facts tables. The findings are expected to inform proposed changes to these tables, and exemplify how sharing research evidence with decision-makers can lead to policy action.

PHO conducts research to put valuable findings into the hands of our clients—public health practitioners, health care professionals and policy-makers. Complementing traditional measures of research productivity that focus on peer-reviewed publications, PHO also values the application of research findings on an ongoing basis to support the development of knowledge products for use in public health applications. This includes clinical guidelines, statistical reports, evaluation reports, and technical and scientific advice to partners.

Directives issued by the Chief Medical Officer of Health

Under section 24 (1) of the *Ontario Agency for Health Protection and Promotion Act, 2007*, the Chief Medical Officer of Health may issue directives in writing to Public Health Ontario to provide scientific and technical advice and operational support to any person or entity in an emergency or outbreak situation that has health implications. During the 2014–15 fiscal year, no written directives were issued by the CMOH.

Report on 2014–15 Deliverables and Performance

2014–17 Annual Business Plan Priority Initiatives

This section provides a report back on the status of the priority initiatives established in our 2014–17 Annual Business Plan (ABP). This was the first ABP prepared in the context of our new Strategic Plan 2014–19: Evidence, knowledge and action for a healthier Ontario, effective April 1, 2014.

The Strategic Plan includes five strategic directions that focus on our alignment with the public health sector, our mandate to transform data into knowledge, our enabling role, our research agenda, and our people:

1. Provide scientific and technical expertise to strengthen Ontario's public health sector and support the achievement of its goals.
2. Accelerate integrated population health monitoring.
3. Enable policy, program and practice action.
4. Advance public health evidence and knowledge.
5. Great people, exceptional teams building a stronger PHO.

Part A shows the status of the priority initiatives established for implementation starting in 2014–15 for each of strategic directions #2 through #5.

Strategic direction #1 is largely linked to actions of partners and stakeholders outside of PHO, and based on the identification of priority initiatives to be informed by the work of the Public Health Leadership Council with guidance from the Interim CMOH. As this work is pending, there is no specific report back on strategic direction #1 as of March 31, 2015.

Our work in the areas covered by strategic directions #2 through #5 is supportive of the strengthening of the public health sector.

Part B shows the status of the priority initiatives identified for 2014–15 and some of the key ongoing operational activities identified for each of our principal public health programs and supporting corporate areas.

Part A. Progress on Priority Initiatives by Strategic Direction, as of March 31, 2015

Strategic Direction #2—Accelerate Integrated Population Health Monitoring

Priority Initiatives	Complete	Multi-year: on-track	Not completed within target timeframe
Collaborate with key partners to establish the vision, and requirements for integrated population health monitoring: • Develop requirements and strategy. • Ensure that monitoring meets the needs of a broad range of public health stakeholders.		✓	
Collaborate with key partners (including Institute Clinical Evaluative Sciences [ICES]) in the evolution of a comprehensive population health data repository: • Enhance population health monitoring by building capacity for linkage studies, including projects based at the ICES University of Toronto node.		✓	
Develop products and enhance service delivery for population health monitoring and surveillance: • Expand work on a comprehensive electronic Ontario Health Profile to support the work of provincial and local public health clients. • Develop and evaluate new data visualization and information presentation techniques. • Expand interactive web-based tools such as Query and Sexually Transmitted Infection decision support.	✓		
Expand and enhance surveillance initiatives: • Build on the data repositories established in 2013–14 to further develop the Laboratory Surveillance Strategy. • Review and implement recommendations from the Provincial Infectious Disease Surveillance Strategy. • Continue development of the Environmental Health Monitoring Strategy. • Contribute to the MOHLTC provincial surveillance strategy.	✓		

Strategic Direction #3—Enable Policy, Program and Practice Action

Priority Initiatives	Complete	Multi-year: on-track	Not completed within target timeframe
Expand online program and service delivery options for our clients through:			
• Improvements to navigation, searching and mobile-friendly dimensions of our website.	✓		
• Enhancements to our interactive business intelligence platform and tools for user-defined analysis of population health assessment and surveillance information.	✓		
• Introduction of further e-publications and interactive tools in support of knowledge products.	✓		
• Introduction applications aligned with our work (i.e., both open and password-protected).	✓		
• Increases in client feedback mechanisms for the website and its content (e.g., rate-it and comment functions) and use of feedback to improve product.		✓	
Develop an integrated professional development and education strategy that incorporates an array of educational activities including PHO's current offerings:			
• Online e-learning strategy		✓	
• Web-based tools		✓	
• Regular repeating events (e.g., Rounds)	✓		
• Annual Ontario Public Health Convention (TOPHC) and topic-specific workshops/seminars/symposia	✓		
Enhance quality of knowledge products with training and comprehensive suite of supports:			
• Strengthen staff skills with education/training in essential areas such as critical appraisal and scientific writing.	✓		
• Establish a menu of supportive tools to facilitate knowledge uptake and practice change.		✓	
Implement flexible and integrated systems for dissemination of knowledge products:			
• Evolve mobile technology environments.		✓	
• Enable tracking and management of client uptake and feedback.	✓		
Contribute focused evaluations of public health programs linked to the review and renewal of the Ontario Public Health Standards, protocols and guidance documents:			
• Identify program evaluation opportunities in support of OPHS renewal and collective areas of focus.	✓		

Strategic Direction #4—Advancing Public Health Evidence and Knowledge

Priority Initiatives	Complete	Multi-year: on-track	Not completed within target timeframe
Identify public health research priorities aligning with: • PHO strategic directions • Public Health Sector areas of focus	✓		
Initiate new, innovative and collaborative research projects.		✓	
Review methods and approaches for literature critical appraisal and evidence synthesis and adapt for applied public health practice.	✓		
Review methods for evaluation of complex population health interventions and lessons learned from major PHO evaluation projects.		✓	
Establish research facilities in new Toronto laboratory space and enhance collaborations with neighbouring institutions.	✓		

Strategic Direction #5—Great People, Exceptional Teams Building a Stronger PHO

Priority Initiatives	Complete	Multi-year: on-track	Not completed within target timeframe
Values Implementation: • Embed organizational values across the organization in support of the creation of a "one PHO" culture.	✓		
Employee Engagement: • Implement PHO's first employee engagement survey and follow up with action planning to respond to survey results.	✓		
Leadership Development: • Implement a leadership framework and development strategy.		✓	
Innovative Processes/Technologies Implementation: • Enhance business process improvement capacity to improve internal and external customer service. • Improve and employ project management to implement strategic directions. • Develop and track departmental service levels for customer service standards.		✓	
Internal Communications Enhancement: • Enhance internal communication to build bridges, improve alignment across the organization and build trust.		✓	
Health, Safety and Wellness: • Expand reach of wellness strategy. • Continue focus on staff safety linked to a preventative safety culture.		✓	

Part B. Progress on Priority Initiatives for Principal Program Areas, as of March 31, 2015

Laboratory

Priority Initiatives	Complete	Multi-year: on-track	Not completed within target timeframe
Complete move of Toronto laboratory from Resources Road.	✓		
Complete design and site selection for new London facility.		✓	
Complete relocation of Off-site Support Facility and Biorepository.		✓	
Decommissioning of Resources Road.	✓		
Work with provincial partners to upload PHO Laboratory test results to OLIS.		✓	
Work with provincial partners to access Ontario Laboratory Information System (OLIS) data to supplement PHO lab data to enhance infectious disease surveillance and control.		✓	
Continued support to the renewal of the Ontario Public Health Standards, Protocols and Guidance Documents.		✓	

Key Ongoing Initiatives (representative sample):

- Provide clinical and reference laboratory services.
- Operate laboratory incident and outbreak management services.
- Operate technical and customer service centre.
- Maintain quality management system including Ontario Laboratory Accreditation, Ministry of Environment licensure for drinking water testing, and the Canadian Association of Laboratory Accreditation.
- Support mandate-driven research.
- Advance public health testing and reporting through development of laboratory methods, evaluation of existing diagnostic practices, and translation of new recent findings to improve clinical testing and reporting.

Infectious Diseases (Including Communicable Disease Prevention and Control and Infection Prevention and Control)

Priority Initiatives	Complete	Multi-year: on-track	Not completed within target timeframe
Provide scientific and technical advice and support to provincial information technology projects in surveillance, disease control and lab testing with specific focus on planning for configuration, implementation and deployment of Panorama.		✓	
Continue to develop a focused program of research in vaccine science.		✓	
Develop and implement antimicrobial stewardship program.		✓	
Support the improvement of data quality/consistency/analysis/interpretation for reportable diseases/immunizations through activities such as:			
• Implementing standardized questionnaires.		✓	
• Development of online data entry.		✓	
• Annual summaries for priority diseases.	✓		
• Annual summaries for vaccine coverage and safety.	✓		
Improve access to/utility of surveillance products:			
• Implementation of Query @ PHO	✓		
• Evaluation of existing products		✓	
Implement and evaluate the knowledge to action framework.		✓	
Contribute to a regular review and establishment of protocols related to the Ontario Reportable Disease List.		✓	
Support professional development/collaboration through the development of tools to support learning such as online learning modules and field input through working groups to address science/practice needs. This would also include increasing the ID web presence so that these tools are readily available along with additional infectious disease information.		✓	
Continued support to the renewal of the Ontario Public Health Standards, Protocols and Guidance Documents.		✓	
Evaluation of the Personal Services Setting (PSS) Risk Inspection Tool (pending input regarding further needs and timing from MOHLTC).			✓[1]
Scientific and technical support to the Provincial Health Care Worker (HCW) Influenza Immunization Strategy.		✓	
Scientific and technical support to the implementation of recommendations from the Immunization Review Panel.		✓	

[1] *The evaluation of Infection Risk Assessment for PSS was suspended by MOHLTC. The inspection tool project has been re-scoped and alternate resources are being developed.*

Key Ongoing Initiatives (representative sample):

- Provide scientific and technical consultation and field support to disease investigations.
- Support provincial and local public health clients in the investigation and control of public health outbreaks.
- Provide scientific and technical consultation and field support to immunization programs.
- Maintain skills development and training programs (including e-learning) for relevant public health topics such as core competencies and Just Clean Your Hands.
- Operate provincial vector-borne disease surveillance programs including West Nile Virus and Lyme disease.
- Operate provincial communicable disease surveillance programs.
- Provide provincial monitoring of vaccine coverage.
- Maintain the capacity to deploy an Infection Control Resource Team to provide expert assistance to health care settings that are investigating and managing outbreaks.
- Maintain Regional Infection Control Networks across the province.

Emergency Preparedness and Service Integration

Priority Initiatives	Complete	Multi-year: on-track	Not completed within target timeframe
Develop and implement further emergency preparedness tools and education for local public health practitioners.	✓		
Implement and evaluate a weekly publication on notable public health information for public health units.		✓	
Support Pan Am Games preparedness.		✓	
Continued support to the renewal of the Ontario Public Health Standards, Protocols and Guidance Documents		✓	

Key Ongoing Initiatives (representative sample):

- Provide scientific and technical support, surveillance services and laboratory science and testing services to the CMOH and MOHLTC Public Health Division, specifically Emergency Management Branch, to prepare for and respond to emergencies and exigent issues through all aspects of the emergency management cycle.
- Provide scientific and technical consultation and field support to emergency preparedness and response issues at the local level.
- Develop and implement a professional development program for emergency preparedness and response.

Environmental and Occupational Health

Priority Initiatives	Complete	Multi-year: on-track	Not completed within target timeframe
Continue development of geo-based information system for non-ionizing radiation and air data.		✓	
Complete Environmental Burden of Illness report for Ontario.		✓	
Assess feasibility and where practical begin implementation of a provincial environmental health monitoring program, including systems and structures for collection, analysis and interpretation of data, report generation and publication and dissemination of findings to support application in practice.		✓	
Scientific and technical support to the Environmental Health Climate Change Adaptation Action Plan.	✓		
Continued support to the renewal of the Ontario Public Health Standards, Protocols and Guidance Documents.		✓	

Key Ongoing Initiatives (representative sample):

- Provide scientific and technical consultation and field support to environmental health issues at the local level including support in the investigation and control of environmental health incidents and emergencies.
- Develop and implement a professional development program for environmental health.
- Maintain a professional development program related to environmental health skills and competencies.
- Maintain an environmental assessment equipment loan program for public health units.

Health Promotion, Chronic Disease and Injury Prevention

Priority Initiatives	Complete	Multi-year: on-track	Not completed within target timeframe
Healthy Babies Healthy Children evaluation support.	✓		
Daily Physical Activity (DPA) evaluation.			✓[1]
Healthy Kids Strategy evaluation support.		✓	
Healthy Kids Community Challenge scientific, technical and evaluation support.		✓	
Continue to create e-learning modules and training webcasts for the PHO website related to core competencies, health promotion, chronic disease and injury prevention.		✓	
Continue to refine our health unit learning plan system (2-3 year health unit capacity building plans) and our consultation intake system in order to more strategically use our field support staff to support specific Ministry priorities (e.g., Healthy Kids Strategy).		✓	
Continued support to the renewal of the Ontario Public Health Standards, Protocols and Guidance Documents.		✓	

[1]"Status of DPA in Ontario Elementary Schools (DPA3)" was delayed due to the timing of external reviews and is in the final stages of production.

Key Ongoing Initiatives (representative sample):

- Provide scientific and technical consultation and field support at the local level.
- Develop and maintain scientific and technical guidance documents in support of Health Promotion, Chronic Disease and Injury Prevention health programs.
- Continue to provide support to clients and stakeholders to address health inequities, through:
  - Knowledge generation and knowledge exchange activities, including research projects on the application of Health Equity Impact Assessment tools.
  - Knowledge synthesis activities that analyze health inequity in PHO topic-specific reports.
  - Capacity building efforts including the integration of marginalization and deprivation indices in analytic products.
- Provide oversight for four Health Promotion Resource Centres, and continue with the coordination and service delivery of technical support for planning; communications, information and knowledge exchange actives for PHO products; and the planning and delivery of training and capacity building workshops, consultations and referrals.

Knowledge Services

Priority Initiatives	Complete	Multi-year: on-track	Not completed within target timeframe
Undertake evaluation activities for initiatives of the Supporting Research and Program Evaluation, Education and Knowledge Exchange in Public Health program (SRKE). These evaluation activities will fit within an overall SRKE evaluation framework, and will be appropriate to the stage of implementation for each initiative.	✓		
Continue to develop innovative approaches to delivering data and analytic information to support comprehension, recall and decision-making. This includes infographic and data visualization product lines of the Ontario Health Profile, and enhanced content accessible through the online services of Snapshots and Query.		✓	
Develop a strategy to enhance professional development and knowledge exchange that will support developing competencies and enhance the capacity of the public health workforce. Align educational activities, e.g., Rounds, TOPHC, online learning, etc. with identified skills development and learning needs.		✓	
Continue to support knowledge development through activities that set research priorities, provide quality with developmental support and oversight of research activities by PHO and the LDCPs, and deliver access to information through library services.	✓		
Continued support to the renewal of the Ontario Public Health Standards, Protocols and Guidance Documents.		✓	

Key Ongoing Initiatives (representative sample):

- Provide specialized services in the areas of epidemiology, biostatistics, geospatial services, data visualization and general analytics and the maintenance of central analytic products such as Snapshot and Query on the PHO website.
- Deliver The Ontario Public Health Convention on an annual basis.
- Organize and deliver professional development offerings through regular webinars, including coordination of CME credits.
- Coordinate and support the provincial Shared Library Services Partnership.
- With consideration of priorities established by the Joint Liaison Committee (JLC) and the Public Health Leadership Committee (PHLC), design and deliver scientific symposia and/or workshops.

Corporate Services

Priority Initiatives	Complete	Multi-year: on-track	Not completed within target timeframe
Complete development and implementation of Corporate Services Customer Service Standards.		✓	
Support the implementation of innovative organizational processes/technologies to achieve efficiencies: • Build capacity in business process improvement (BPI) skills. • Pilot implementation of BPI in 4-6 pilot projects.		✓	
Continue to design and implement policies and procedures respecting governance and stewardship of data in the custody of PHO: • Includes access, use, retention, control and disclosure of data and personal health information. • Advance metadata principles and usage.		✓	
Support major capital redevelopment projects: • Relocation of London laboratory (includes relocation of St. Marys RICN). • Toronto laboratory including construction, move support and opening event. • Move of Toronto Operational Support Facility and Biorepository to new location. • Additional space on second and fourth floors of 480 University Avenue. • Develop business case (including update of functional program) for Thunder Bay Hub in conjunction with Laboratory, RICNs and Infrastructure Ontario.	✓	✓ ✓ ✓ ✓	
Support government relations and accountability requirements. • Provide leadership and support for all governance and accountability requirements including supporting committee structures (BASC, JLC), plans (ABP, AAP, etc.) and reporting (compliance, risk, financial, etc.).	✓		
Implement a new organizational performance measurement framework: • Progressive development of quarterly strategic organizational performance reports (formerly the Balanced Score Card Report) and other organizational performance measurement products.		✓	
Support the Accessibility for Ontarians with Disability Act: • Provide overall coordination and support to ensure AODA compliance.		✓	
Implement recommendations resulting from the Audit undertaken by the Health Audit Service Team.		✓	
Redesign organizational procurement function: • Assess and evaluate existing organizational procurement function. • Implement redesign initiatives as required.	✓		

Key Ongoing Initiatives (representative sample):

- Provide support for Human Resources (HR) foundational areas including employee and labour relations; HR policies and guidelines; HR administration; HR information technology; and HR performance measures and metrics.
- Provide healthy, safe and secure work places to all PHO staff members. This includes ensuring that the workspace is built to user requirements in an environmentally sound way and also meets organizational objectives.
- Provide support for finance foundational areas including information for decision-making, business support, finance administration and compliance.
- Support information management/information technology (IT) requirements which range from IT infrastructure planning, project management, data and information management and ad hoc data extraction requests to SharePoint, boardroom and Blackberry support.
- Support management across the organization by providing leadership, coordination and support for strategic planning, annual business planning, annual operational planning, organizational performance measurement, enterprise risk management as well as secretariat services for key organizational committees.

2014–17 Annual Business Plan Volumetric Commitments

The following table shows the core activities for which PHO has established specific annual volume targets for 2014–15. Where applicable, specific topics of focus were guided over the course of the year by the priorities established by the JLC and the PHLC, requests from the CMOH, ministries and other clients, and our analysis of emerging issues and work plans.

Volume Targets for Core Activities

Core Activity	2014–15 Target	2014–15 Actual
Laboratory tests	4.3 million	5.4 million
Production of surveillance reports:		
Daily surveillance reports	250	251
Weekly iPHIS reports	50	50
Weekly respiratory pathogen reports:		
• Respiratory pathogen reports	38	44
• Ontario respiratory virus bulletins	50	51
West Nile Virus surveillance reports (seasonal)	15-20	18
Monthly surveillance reports	12	12
Annual surveillance report on reportable disease trends in Ontario	1	1
Annual vaccine reports:		
• Immunization Coverage Report for School Pupils	1	1
• Annual Report on Vaccine Safety	1	1
Annual vector-borne diseases report	1	1
Knowledge products to support clients and stakeholders:		
Major population and environmental health technical reports	1-2	1
Literature reviews in response to questions to summarize a body of published evidence (includes knowledge synthesis reports)	11-13	24[1]
Clinical guidelines to support provider and patient decisions about appropriate health care	1-2	2
Evaluation reports to support program or policy review	5-7	12
Jurisdictional/environmental scans	4-6	1[2]
Statistical reports or data requests	60	77
Best practice or guidance document	12	33[3]
Abstracts (either as presentations, posters or workshops) at scientific conferences	40	152[4]
Manuscripts to facilitate broad international translation of research outcomes	50	113[4]
Develop peer-reviewed research protocols to address important priorities in public health programs and public health laboratory science	25	20[5]
Co-sponsor professional development events for public health professional associations and other professional groups	12	22
Deliver training sessions for infection control in health and community settings (via RICNs)	350	562[6]
Plan and deliver via the Health Promotion Resource Centres:		
Training and capacity building workshops	80-100	111
Consultations	250	535
Referrals	120	154

Notes:

1. Substantial increase compared to target largely driven by issues/potential issues such as Ebola, Enterovirus D68 and measles.
2. Includes standalone scans only. In addition, several scans were completed as components of other PHO knowledge products.
3. An additional 11 abstracts were presented by Peter Donnelly in November 2014 based on work he had done prior to joining PHO.
4. Also captured in the performance scorecard indicator 4.1.
5. Fewer grant applications were submitted due to (1) the laboratory move and (2) the previous period's success in being awarded new grants required that attention be focused on successfully delivering funded projects rather than seeking additional research grants.
6. Increase in number of education sessions due to broader definitions of education session in the reporting system implemented mid-year and the increased interest in the potential threats of Ebola and MERS-CoV.

2014–15 Quarterly Performance Scorecard: Year End View

This is the first year of reporting using our 2014-19 Strategic Plan: Evidence, knowledge and action for a healthier Ontario as the organizing framework, rather than the Balanced Scorecard approach used in previous years. The Performance Scorecard summarizes PHO's performance related to its mandate and strategic directions. Using traditional quantitative methods, it provides an assessment of PHO's performance in relation to a defined set of indicators and associated performance measures chosen because they are expected to be dynamic on a quarterly basis. A brief overview of each measure is also provided. Recognizing that as a knowledge organization our performance and impact cannot be fully captured using quantitative methods, on a quarterly basis we also undertake a detailed exploration of a specific performance domain using a mixed method qualitative and quantitative approach, incorporating impact stories as applicable.

		Indicator	Status	Quarterly Target	Q1 Actual	Q2 Actual	Q3 Actual	Q4 Actual	Quarterly Average[1]
SD 1 Provide expertise to strengthen Ontario's public health sector	SD 2	Accelerate integrated population health monitoring (Indicators to be developed in 2015-16)							
	SD 3 Enable policy, program and practice action	3.1 Responsiveness to client requests 3.1.1 Number of knowledge products completed as a result of client requests	○	NA	39	17	15	24	24
		3.1.2 Number of scientific and technical support activities completed as a result of client requests	○	NA	582	471	918	599	643
		3.2 Responsiveness to urgent client requests 3.2.1 Number of urgent requests completed	○	NA	26	28	49	36	35
		3.3 Responsiveness to Clients—Timeliness 3.3.1 Percentage of knowledge products completed within target turnaround time	⊘	95%	87%	99%	93%	100%	94%
		3.3.2 Percentage of scientific and technical support activities completed within target turnaround time	●	95%	99%	98%	97%	97%	98%
		3.4 Laboratory Performance 3.4.1 Percent of laboratory tests completed within target turnaround time	●	90%	98.3%	99.4%	99.3%	99.1%	99.0%
		3.5 Website usage 3.5.1 Number of visits by external users	●	130K	160K	196K	250K	216K	206K
		3.5.2 Number of product downloads by external users	●	20K	60K	77K	104K	71K	78K
		3.6 Client Education 3.6.1 Number of education sessions offered to external clients	○	TBD	49	33	34	37	38
		3.7 Client satisfaction with educational sessions 3.7.1 Percentage of client education sessions achieving a client rating of 3.5 out of 5 or better	⊘	100%	88%	93%	79%	83%	86%
		3.8 Student Placements 3.8.1 Number of new student placements at PHO	⊘	35	37	32	19	24	28
		3.9 Client engagement 3.9.1 Number of client engagement activities	○	TBD	11	4	18	13	12

		Indicator	Status	Quarterly Target	Q1 Actual	Q2 Actual	Q3 Actual	Q4 Actual	Quarterly Average[1]
SD 1 Provide expertise to strengthen Ontario's public health sector	SD 4 Advance public health evidence and knowledge	4.1 Staff publishing 4.1.1 Number of articles published in peer-reviewed journals	⊘	35	22	31	27	33	29
		4.2 Knowledge dissemination 4.2.1 Percentage of peer-reviewed articles published in a high impact journal	⊗[2]	75%	41%	42%	44%	52%	45%
		4.2.2 Percentage of scientific articles published in other high priority journals	●	25%	36%	29%	30%	24%	29%
		4.3 Third party funding 4.3.1 Dollar value of funding awarded to PHO researchers from third-party funders	●	400K	502K	496K	612K	597K	552K
		4.4 Media Mentions 4.4.1 Number of media mentions of PHO	○	NA	458	378	1495	1444	944
	SD 5 Great people, exceptional teams	5.1 Recruitment Efficiency 5.1.1 Average number of days to fill permanent and temporary staff positions	⊘	60	67	70	76	55	67
		5.2 Employee absenteeism 5.2.1 Average number of paid sick day/employee	●	2.0	2.0	1.7	2.0	2.3	2.0
		5.3 Staff turnover 5.3.1 Voluntary and involuntary permanent employee turnover rate	●	NA	2.0%	1.7%	1.0%	1.7%	1.6%
	Organizational foundations and enablers	6.1 Financial Performance 6.1.1 Year-to-date percent variance between actual and budgeted expenses	●	+/- 1.5%	1.0% under	7.6% over	1.0% over	0.0%	NA
		6.2 Complaints 6.2.1 Number of complaints about PHO services or products	●	< 5	3	6	5	3	4
		6.3 Availability of enterprise systems 6.3.1 Technology infrastructure uptime	○	99.5%	99.4%	96.0%	99.6%	96.7%	NA[3]

Notes:

1. Quarterly averages calculated based on the full year's underlying data.
2. There has been improvement over the course of the year towards the aspirational target of 75%, with above target result in other high-priority journals partially offsetting the gap.
3. Since this measure is non-linear, it is not appropriate to calculate a year end quarterly average. Availability of enterprise systems in Q2 and Q4 did not meet target due to periodic infrastructure outages. PHO's technology infrastructure is maintained by Ontario Government shared services (Infrastructure Technology Services - ITS). Accordingly performance on this measure is not directly under PHO control, although we work closely with the ITS to maintain availability.

Legend

- ○ Target not defined
- ● Target met or exceeded
- ⊘ Somewhat missed target
- ⊗ Significantly missed target

Description of Current Measures

3.1.1 Number of knowledge products completed as a result of client requests and 3.1.2 Number of scientific and technical support activities competed as a result of client requests together provide a count of the number of knowledge activities completed by PHO staff as a result of a client request. Types of activities include literature reviews, statistical and technical reports, clinical guidelines, best practice and guidance documents, and scientific and technical support such as consultations and fact checking.

3.2.1 Number of urgent client requests completed includes all internal requests that PHO needs to respond to within 24 hours. This is a subset of 3.1.1 and 3.1.2.

3.3.1 Percentage of knowledge products completed within target turnaround time and 3.3.2 Percentage of scientific and technical support activities completed within target turnaround time indicates that percentage of knowledge activities completed within the requested timelines.

3.4.1 Percentage of laboratory test completed within target turnaround indicates the percentage of laboratory test completed within the industry standard turnaround time for that test.

3.5.1 Number of website visits by external users and 3.5.2 Number of product downloads by external users indicates the number of external users who access PHO's external website and/or download material from the website.

3.6.1 Number of education sessions offered to external clients tracks the number of PHO Rounds, educational series, operational or procedural training and workshops offered to external clients or groups of 5 or more.

3.7.1 Percentage of client education sessions achieving a client rating of 3.5 out of 5 or better reflects the number of education sessions where the average evaluation score by participants met or exceeded 3.5 out of 5 divided by the total number of sessions offered.

3.8.1 Number of new student placements at PHO counts the number of student placements at PHO and includes medical residents, masters and doctoral students and practicum placements.

3.9.1 Number of client engagement activities counts the number of formal stakeholder engagement activities by type of activity (i.e. consultation, survey, PHO presence at events).

4.1.1 Number of articles published in peer-reviewed journals counts the total number of articles written by PHO staff members as part of their work at PHO that are published in a peer-reviewed journal or a journal edited by an expert editorial board and/or affiliated with an authoritative organization.

4.2.1 Percentage of peer-reviewed articles published in high-impact journals and **4.2.2 Percentage of scientific articles published in other high priority journals** is the percentage of articles published in journals with a high international impact factor or a journal that: publishes research that is authored by Canadian scientists and conducted in Canadian settings; is focused on the subspecialty of public health and is narrow with respect to subject matter, making it unlikely to be widely cited; is a "core title" within the health sciences library community; or journal's publishing model is open access (non-predatory), making it accessible to readers without access to subscription-based journals.

4.3.1 Dollar value of funding awarded to PHO researchers from third-party funders shows the amount of third-party funding that has been awarded to PHO, distributed over the length of the grant.

4.4.1 Number of media mentions of PHO counts the number of times PHO, its staff, products, services or research are cited in popular media, excluding social media.

5.1.1 Average number of days to fill permanent and temporary staff positions shows the average number of calendar days it takes to fill a position from the date the position was posted to the date PHO received a signed employment agreement.

5.2.1 Average number of sick days per employee shows the average number of paid sick days for full-time and part-time employees.

5.3.1 Voluntary and involuntary permanent employee turnover rate shows the percentage of permanent employees who leave the organization related to the total number of permanent employees. Excludes retirements.

6.1.1 Percent variance between actual and budgeted expenses indicates PHO's level of actual expenses relative to budgeted expenses and is reflective of PHO's financial position relative to its budget.

6.2.1 Number of complaints about PHO services or products is a count of the number of external complaints related to PHO products or services.

6.3.1 Technology infrastructure (provided by ITS) uptime is the percentage of time the Lab Information System and the general IT infrastructure including key systems such as Finance, SharePoint, Email and Microsoft Lync are up and running. Note that each quarterly measure is the minimum of two separate uptime measures, rather than an arithmetic average across the quarters.

2014–15 Laboratory Annual Performance Standards Report

The table which follows summarizes the annual performance of PHO's laboratory on each of the eight performance standards specified in the 2008 Services Agreement, part of the Laboratory Transfer Agreement between PHO and the MOHLTC.

Performance Indicator	Description of Measure(s)	2014–15 Results
1. External Quality Assessment	90% average proficiency on Quality Management Program – Laboratory Services (QMP-LS) testing	Proficiency testing - 95.3%
	>70% average on Canadian Association for Laboratory Accreditation (CALA) Z-score	CALA Z-Score is 89.6%
2. Productivity	Changes in test types and % change in related volumes	Clinical: 5.6% increase Environmental: 1.0% increase No change to test types for Clinical or Environmental tests
3. Efficiency	Median test wait times within 80% of targets in PHOL Specimen Collection Guide	GC Culture: Annual average TAT is 99.6% Measles IgG and IgM: Annual average TAT is 98.1% HIV Confirmatory: Annual average TAT is 99.3%
4. Customer Satisfaction	Annual client survey	Survey on attitudes towards using a respiratory viral surveillance system to guide patient management in place of laboratory testing for ambulatory patients to be released in first week of April 2015.
5. Employee Performance	Complete annual performance reviews on all PHO laboratory employees	100% non-unionized staff 92.4% of unionized staff
6. Employee Certification and Credentials	100% of required staff credentials/certifications in place	There is a compliance of 100% of staff certifications/credentials which include medical laboratory technologists, medical and clinical microbiologists.
7. Incident Reporting and Issues Management	Annual summary of incidents and issues	PHO laboratory investigated 115 incidents. PHO laboratory responded to 11 issues. There was a decrease in complaints from water clients for rejection of private drinking water after a change was made to the requisition form. There were no material issues to report to MOHLTC.
8. Test Utilization	Annual review of at least 10% of test menu methodology and or utilization for appropriateness year in preparation for the move of the Toronto laboratory.	6% of the PHO laboratory test menu/methodologies were reviewed for appropriateness and utilization. 100% of test menu reviewed late last fiscal year in preparation for the move of the Toronto laboratory.

Financial performance

PHO acknowledges the funding received from MOHLTC and has managed its resources in a prudent and careful manner. PHO ended the year in a balanced operating position and has fully utilized all operating funding received from MOHLTC in respect of the 2014–15 fiscal year. With respect to the $156.148 million of operating funding received from MOHLTC, $151.668 million was used to cover annual operating expenses with the balance of $4.480 million used to cover expenditures on minor equipment and other assets in support of PHO's base operations.

Funds provided by MOHLTC have allowed PHO to further develop its programs and advance its laboratory renewal initiatives. PHO also receives revenue from third parties that is reflected in the audited financial statements as other grants revenue. As in prior years, reported expenses include expenditures equivalent to other grants revenue (with these expenditures funded exclusively from the revenue received from third parties).

Management Responsibility Report

PHO management is responsible for preparing the accompanying financial statements in conformity with Canadian public sector accounting standards for government not-for-profit organizations as established by the Public Sector Accounting Board of the Chartered Professional Accountants of Canada..

In preparing these financial statements, management selects appropriate accounting policies and uses its judgment and best estimates to report events and transactions as they occur. Management has determined such amounts on a reasonable basis in order to ensure that the financial statements are presented fairly in all material respects. Financial data included throughout this Annual Report is prepared on a basis consistent with that of the financial statements.

PHO maintains a system of internal accounting controls designed to provide reasonable assurance, at a reasonable cost, that assets are safeguarded and that transactions are executed and recorded in accordance with PHO policies for doing business.

The Board of Directors is responsible for ensuring that management fulfills its responsibility for financial reporting and internal control, and is ultimately responsible for reviewing and approving the financial statements. The Board carries out this responsibility principally through its Audit & Finance Standing Committee. The Committee meets at least four times annually to review audited and unaudited financial information. Ernst & Young LLP has full and free access to the Audit & Finance Standing Committee.

Management acknowledges its responsibility to provide financial information that is representative of PHO operations, is consistent and reliable, and is relevant for the informed evaluation of PHO activities.

Stephen D'Arcy, CPA, CA
Chief Financial Officer

Dr. Peter D. Donnelly, MD
President and Chief Executive Officer

FINANCIAL STATEMENTS
Ontario Agency for Health Protection and Promotion
[operating as Public Health Ontario]
March 31, 2015

INDEPENDENT AUDITORS' REPORT

To the Members of

Ontario Agency for Health Protection and Promotion

We have audited the accompanying financial statements of **Ontario Agency for Health Protection and Promotion [operating as Public Health Ontario]**, which comprise the statement of financial position as at March 31, 2015 and the statements of operations and changes in net assets and cash flows for the year then ended, and a summary of significant accounting policies and other explanatory information.

Management's responsibility for the financial statements
Management is responsible for the preparation and fair presentation of these financial statements in accordance with Canadian public sector accounting standards, and for such internal control as management determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditors' responsibility
Our responsibility is to express an opinion on these financial statements based on our audit. We conducted our audit in accordance with Canadian generally accepted auditing standards. Those standards require that we comply with ethical requirements and plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement. An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditors' judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditors consider internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Opinion
In our opinion, the financial statements present fairly, in all material respects, the financial position of Ontario Agency for Health Protection and Promotion [operating as Public Health Ontario] as at March 31, 2015 and the results of its operations and its cash flows for the year then ended in accordance with Canadian public sector accounting standards.

Toronto, Canada
June 23, 2015

Ernst & Young LLP
Chartered Professional Accountants
Licensed Public Accountants

Ontario Agency for Health Protection and Promotion
[operating as Public Health Ontario]

STATEMENT OF FINANCIAL POSITION

[in thousands of dollars]

As at March 31

	2015 $	2014 $
ASSETS		
Current		
Cash	**25,128**	29,906
Accounts receivable *[note 3]*	**15,317**	4,262
Prepaid expenses	**2,052**	2,194
Total current assets	**42,497**	36,362
Restricted cash *[note 4]*	**8,914**	9,079
Capital assets, net *[notes 5 and 6]*	**101,895**	23,899
	153,306	69,340
LIABILITIES AND NET ASSETS		
Current		
Accounts payable and accrued liabilities	**39,224**	34,170
Total current liabilities	**39,224**	34,170
Deferred capital asset contributions *[note 6]*	**104,252**	25,961
Deferred contributions *[note 7]*	**2,417**	2,426
Accrued benefit liability *[note 8]*	**4,974**	5,224
Other liabilities	**2,439**	1,559
Total liabilities	**153,306**	69,340
Commitments and contingencies *[note 11]*		
Net assets	**–**	–
	153,306	69,340

See accompanying notes

On behalf of the Board:

Warren Law,
Chair, Audit & Finance
Standing Committee

Pierre Richard,
Chair, Board of Directors

STATEMENT OF OPERATIONS AND CHANGES IN NET ASSETS

[in thousands of dollars]

Year ended March 31

	2015 $	2014 $
REVENUE		
Ministry of Health and Long-Term Care		
Base operations	**151,669**	140,849
Health Promotion Resource Centre	**3,573**	3,573
Amortization of deferred capital asset contributions *[note 6]*	**5,613**	5,135
Other grants	**1,854**	1,563
Miscellaneous recoveries	**1,663**	1,625
	164,372	152,745
EXPENSES *[note 8]*		
Public health laboratory program	**108,132**	95,704
Science and public health programs	**39,511**	39,919
General and administration *[note 9]*	**11,116**	11,987
Amortization of capital assets	**5,613**	5,135
	164,372	152,745
Excess of revenue over expenses for the year	**—**	—
Net assets, beginning of year	**—**	—
Net assets, end of year	**—**	—

See accompanying notes

Ontario Agency for Health Protection and Promotion
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STATEMENT OF CASH FLOWS

[in thousands of dollars]

As at March 31

	2015 $	2014 $
OPERATING ACTIVITIES		
Excess of revenue over expenses for the year	–	–
Add (deduct) items not affecting cash		
Amortization of deferred capital asset contributions	**(5,613)**	(5,135)
Amortization of capital assets	**5,613**	5,135
	–	–
Changes in non-cash operating items		
Increase in accounts receivable *[note 10]*	**(1,454)**	(1,206)
Decrease (increase) in prepaid expenses	**142**	(526)
Decrease in restricted cash	**165**	298
Increase (decrease) in deferred contributions	**(9)**	1,173
Increase (decrease) in other liabilities	**880**	(217)
Increase (decrease) in accounts payable and accrued liabilities *[note 10]*	**(3,993)**	336
Net change in accrued benefit liability	**(250)**	(330)
Cash used in operating activities	**(4,519)**	(472)
CAPITAL ACTIVITIES		
Acquisition of capital assets *[note 10]*	**(74,562)**	(8,754)
Cash used in capital activities	**(74,562)**	(8,754)
FINANCING ACTIVITIES		
Contributions for capital asset purchases *[note 10]*	**74,303**	12,578
Cash provided by financing activities	**74,303**	12,578
Net increase (decrease) in cash during the year	**(4,778)**	3,352
Cash, beginning of year	**29,906**	26,554
Cash, end of year	**25,128**	29,906

See accompanying notes

NOTES TO FINANCIAL STATEMENTS

[in thousands of dollars]

March 31, 2015

1. DESCRIPTION OF THE ORGANIZATION

Ontario Agency for Health Protection and Promotion ["OAHPP"] [operating as Public Health Ontario] was established under the *Ontario Agency for Health Protection and Promotion Act, 2007* as a corporation without share capital. OAHPP's mandate is to enhance the protection and promotion of the health of Ontarians, contribute to efforts to reduce health inequities, provide scientific and technical advice and support to those working across sectors to protect and improve the health of Ontarians and to carry out and support activities such as population health assessment, public health research, surveillance, epidemiology, planning and evaluation.

Under the *Ontario Agency for Health Protection and Promotion Act, 2007*, OAHPP is primarily funded by the Province of Ontario.

OAHPP, as an agency of the Crown, is exempt from income taxes.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

These financial statements have been prepared in accordance with Canadian public sector accounting standards as established by the Public Sector ["PS"] Accounting Board of the Chartered Professional Accountants of Canada. OAHPP has elected to follow PS 4200-4270 in the Public Sector Accounting Handbook.

Revenue recognition

Contributions are recognized in the accounts when received or receivable if the amount to be received can be reasonably estimated and collection is reasonably assured. Unrestricted contributions are recognized as revenue when initially recorded in the accounts. Externally restricted contributions are recorded as deferred contributions or deferred capital contributions when initially recorded in the accounts and recognized as revenue in the period in which the related expenses are incurred.

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NOTES TO FINANCIAL STATEMENTS

[in thousands of dollars]

March 31, 2015

Capital assets

Capital assets are recorded at acquisition cost. Contributed capital assets are recorded at fair market value at the date of contribution. Amortization is provided on a straight-line basis based upon the estimated useful service lives of the assets as follows:

Building service equipment	5-30 years
Other equipment	5-10 years
Furniture	5-20 years
Leasehold improvements	Over the term of the lease

Inventory and other supplies held for consumption

Inventory and other supplies held for consumption are expensed when acquired.

Employee future benefits

Contributions to multi-employer, defined benefit pension plans are expensed on an accrual basis.

Other employee future benefits are non-pension benefits that are provided to certain employees and are accrued as the employees render the service necessary to earn these future benefits. The cost of these future benefits is actuarially determined using the projected unit credit method, prorated on service and management's best estimate of expected salary escalation and retirement ages of employees. Net actuarial gains and losses related to the employee future benefits are amortized over the average remaining service life of the related employee group. Employee future benefit liabilities are discounted using the average interest cost for the Province of Ontario's net new debt obligations with maturities that correspond to the duration of the liability.

Allocation of expenses

The costs of each function include the costs of personnel and other expenses that are directly related to the function. General support and other costs are not allocated.

Contributed materials and services

Contributed materials and services are not recorded in the financial statements.

NOTES TO FINANCIAL STATEMENTS

[in thousands of dollars]

March 31, 2015

Financial instruments

Financial instruments, including accounts receivable and accounts payable, are initially recorded at their fair value and are subsequently measured at cost, net of any provisions for impairment.

Use of estimates

The preparation of financial statements in conformity with Canadian public sector accounting standards requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities, the disclosure of contingent assets and liabilities at the date of the financial statements, and the reported amounts of revenue and expenses during the reporting period. Significant estimates and assumptions used in these financial statements require the exercise of judgment and are used for, but not limited to, salary and benefit accruals, employee future benefit plans (severance credits) and the estimated useful lives of capital assets. Actual results could differ from these estimates.

3. ACCOUNTS RECEIVABLE

Accounts receivable consist of the following:

	2015 $	2014 $
Ministry of Health and Long-Term Care	**11,099**	1,498
Harmonized Sales Tax	**1,912**	1,533
Other	**2,306**	1,231
	15,317	4,262

There are no significant amounts that are past due or impaired.

Ontario Agency for Health Protection and Promotion
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NOTES TO FINANCIAL STATEMENTS

[in thousands of dollars]

March 31, 2015

4. RESTRICTED CASH

[a] Restricted cash consists of the following:

	2015 $	2014 $
Ministry of Health and Long-Term Care *[note 4[b]]*	**8,735**	8,820
Sheela Basrur Centre *[note 7[a]]*	**179**	259
	8,914	9,079

Restricted cash from the Ministry of Health and Long-Term Care ["MOHLTC"] represents funding received in connection with the liability assumed by OAHPP in connection with severance *[note 8[b]]*, other credits [primarily accrued vacation pay] related to employees who transferred to OAHPP [Ontario public health laboratories in 2008 and Public Health Architecture in 2011] and unspent cash pertaining to capital projects. Funds associated with severance and other credits are drawn down when transferred employees leave employment with OAHPP.

[b] The continuity of MOHLTC restricted cash is as follows:

	2015			
	Severance credits $	**Other credits** $	**Capital project** $	**Total** $
	[note 7[b]]		*[note 6]*	
Restricted cash, beginning of year	**5,261**	**1,497**	**2,062**	**8,820**
Funding received	**—**	**—**	**69,712**	**69,712**
Interest earned	**79**	**20**	**221**	**320**
Restricted cash drawdown *[note 8[b]]*	**(467)**	**(12)**	**(69,638)**	**(70,117)**
Restricted cash, end of year *[note 4[a]]*	**4,873**	**1,505**	**2,357**	**8,735**

NOTES TO FINANCIAL STATEMENTS

[in thousands of dollars]

March 31, 2015

	2014			
	Severance credits $	**Other credits** $	**Capital project** $	**Total** $
	[note 7[b]]		*[note 6]*	
Restricted cash, beginning of year	5,632	1,500	1,905	9,037
Funding received	—	—	11,452	11,452
Interest earned	64	17	71	152
Restricted cash drawdown *[note 8[b]]*	(435)	(20)	(11,366)	(11,821)
Restricted cash, end of year *[note 4[a]]*	5,261	1,497	2,062	8,820

5. CAPITAL ASSETS

Capital assets consist of the following:

	2015		
	Cost $	**Accumulated amortization** $	**Net book value** $
Building service equipment	369	229	140
Other equipment	30,069	23,231	6,838
Furniture	3,776	2,164	1,612
Leasehold improvements	94,920	5,894	89,026
Construction in progress	4,279	—	4,279
	133,413	31,518	101,895

Ontario Agency for Health Protection and Promotion
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NOTES TO FINANCIAL STATEMENTS

[in thousands of dollars]

March 31, 2015

	2014		
	Cost $	Accumulated amortization $	Net book value $
Building service equipment	369	192	177
Other equipment	26,250	20,523	5,727
Furniture	2,072	1,869	203
Leasehold improvements	7,641	3,459	4,182
Construction in progress	13,610	—	13,610
	49,942	26,043	23,899

6. DEFERRED CAPITAL ASSET CONTRIBUTIONS

Deferred capital asset contributions represent the unamortized amount of contributions received for the purchase of capital assets. The amortization of deferred capital asset contributions is recorded as revenue in the statement of operations and changes in net assets. The continuity of the deferred capital asset contributions balance is as follows:

	2015 $	2014 $
Deferred capital asset contributions, beginning of year	**25,961**	26,510
Contributions for capital purposes	**83,683**	4,515
Interest earned on unspent contributions	**221**	71
Amortization of deferred capital asset contributions	**(5,613)**	(5,135)
Deferred capital asset contributions, end of year	**104,252**	25,961
Unspent deferred capital asset contributions *[note 4[b]]*	**(2,357)**	(2,062)
Deferred capital asset contributions spent on capital assets	**101,895**	23,899

Restricted cash includes $2,357 [2014 – $2,062] *[note 4[b]]* related to unspent deferred capital asset contributions.

NOTES TO FINANCIAL STATEMENTS

[in thousands of dollars]

March 31, 2015

7. DEFERRED CONTRIBUTIONS

[a] Deferred contributions consist of unspent externally restricted grants and donations for the following purposes:

	2015 $	2014 $
Severance credits	**893**	1,004
Sheela Basrur Centre *[note 4[a]]*	**179**	259
Other	**1,345**	1,163
	2,417	2,426

[b] Deferred contributions for severance credits represent the difference between the restricted cash held for severance credits and the portion of the accrued benefit liability associated with service prior to the transfer of employees of the laboratories to OAHPP *[note 8[b]]*.

[c] Deferred contributions for the Sheela Basrur Centre [the "Centre"] represent unspent funds held by OAHPP restricted for the Centre's outreach programs. In addition to these funds, $280 [2014 – $250] is held by the Toronto Foundation for the benefit of the Centre and its programs.

Named after the late Dr. Sheela Basrur, a former Chief Medical Officer of Health for the Province of Ontario, the Centre was created to become a prominent provider of public health education and training.

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NOTES TO FINANCIAL STATEMENTS

[in thousands of dollars]

March 31, 2015

8. EMPLOYEE FUTURE BENEFIT PLANS

[a] Multi-employer pension plans

Certain employees of OAHPP are members of the Ontario Public Service Employees Union ["OPSEU"] Pension Plan, the Healthcare of Ontario Pension Plan ["HOOPP"] or the Ontario Public Service Pension Plan ["PSPP"], which are multi-employer, defined benefit pension plans. These pension plans are accounted for as defined contribution plans. OAHPP contributions to the OPSEU Pension Plan, HOOPP and PSPP during the year amounted to $2,271 [2014 – $2,474], $3,062 [2014 – $2,775] and $534 [2014 – $545], respectively, and are included in expenses in the statement of operations and changes in net assets.

[b] Severance credits

OAHPP assumed the non-pension post-employment defined benefit plans provided to employees from the Government of Ontario as part of the transfer of employees from Ontario public health laboratories [in 2008] and Public Health Architecture [in 2011]. These defined benefit plans provide a lump sum payment paid on retirement to certain employees related to years of service. The latest actuarial valuation for the non-pension defined benefit plans was performed as at March 31, 2015. OAHPP measures its accrued benefit obligation for accounting purposes as at March 31 of each year based on an extrapolation from the latest actuarial valuation.

Additional information on the benefit plans is as follows:

	2015 $	2014 $
Accrued benefit obligation	**5,488**	5,672
Plan assets	**—**	—
Plan deficit	**5,488**	5,672
Unamortized actuarial losses	**(514)**	(448)
Accrued benefit liability, end of year	**4,974**	5,224

NOTES TO FINANCIAL STATEMENTS

[in thousands of dollars]

March 31, 2015

The continuity of the accrued benefit liability as at March 31 is as follows:

	2015 $	2014 $
Accrued benefit liability, beginning of year	**5,224**	5,554
Expense for the year	**217**	105
Contributions to cover benefits paid *[note 4[b]]*	**(467)**	(435)
Accrued benefit liability, end of year	**4,974**	5,224

The significant actuarial assumptions adopted in measuring OAHPP's accrued benefit obligation and expense are as follows:

	2015 %	2014 %
Accrued benefit obligation		
Discount rate	**2.00**	3.25
Rate of compensation increase	**2.25**	3.25
Rate of inflation	**2.00**	2.25
Expense		
Discount rate	**3.25**	3.00
Rate of compensation increase	**3.25**	3.25
Rate of inflation	**2.25**	2.25

9. DIRECTORS' REMUNERATION

The Government Appointees Directive requires the disclosure of remuneration paid to directors. During the year ended March 31, 2015, directors were paid $34 [2014 - $17].

10. SUPPLEMENTAL CASH FLOW INFORMATION

The change in accounts payable and accrued liabilities related to the purchase of capital assets is adjusted for capital assets received but not paid for as at March 31, 2015 of $15,618 [2014 - $6,571] and has been excluded from the statement of cash flows.

Ontario Agency for Health Protection and Promotion
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NOTES TO FINANCIAL STATEMENTS

[in thousands of dollars]

March 31, 2015

The change in accounts receivable related to contributions for capital asset purchases is adjusted for contributions receivable but not received as at March 31, 2015 of $11,099 [2014 - $1,498] and has also been excluded from the statement of cash flows.

11. COMMITMENTS AND CONTINGENCIES

[a] Under the Laboratories Transfer Agreement, MOHLTC is responsible for all obligations and liabilities in respect of the public health laboratories that existed as at the transfer date, or which may arise thereafter and have a cause of action that existed prior to the transfer date of December 15, 2008.

[b] OAHPP is a member of the Healthcare Insurance Reciprocal of Canada ["HIROC"]. HIROC is a pooling of the liability insurance risks of its members. Members of the pool pay annual deposit premiums which are actuarially determined and are expensed in the current year. These premiums are subject to further assessment for experience gains and losses, by the pool, for prior years in which OAHPP participated. As at March 31, 2015, no assessments have been received.

[c] OAHPP has committed future minimum annual payments to Infrastructure Ontario related to premises as follows:

	$
2016	18,015
2017	15,369
2018	14,721
2019	14,511
2020	12,248
Thereafter	270,816

12. COMPARATIVE FINANCIAL STATEMENTS

The comparative financial statements have been reclassified from statements previously presented to conform to the presentation of the 2015 financial statements.

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